

**The Health Impact of Chemical Exposures
During the Gulf War:
A Research Planning Conference**

**February 28 - March 2, 1999
Crowne Plaza Hotel – Atlanta Airport
Atlanta, Georgia**

***Veteran's Forum
February 28, 1999***

**Open Discussion Regarding Research Priorities:
Opportunity for Veterans to Voice Their Concerns to the Workgroup Chairs**

***Michael Sage, MPH, Moderator
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We need to go ahead and get started because with 38 people, that will already take us to 2 hours and we want to have time for whomever wishes to speak after that to have free time to come up and speak at the microphone after that. So, we've got a full agenda already this evening. I am Mike Sage moderating the session. I am with the Centers for Disease Control and Prevention here in Atlanta, Georgia. The workgroup chairs are here with me, Barry Wilson, Roberta White, Benjamin Natelson, and Melissa McDiarmid. As well as, it's a pleasure for us to have Congressman Sanders join us this evening. With that, we have a very busy schedule, so let's get right into it and get started with the business at hand.

***Fred Willoughby
Desert Storm Veteran
Columbus, Georgia***

Good evening. I have a question I'd like to have answered, and I have a little statement that I'd like to make. The question is on DU. How long can you get DU and how can you get it? They told us, we were over in Saudi, "You people will load ships." Okay, we were loading ships. The stuff came back from Kuwait, Saudi Arabia. We were in the ships, tying it down, chaining it down. They said it's all cleaned up. No, no, no. They're wrong. When you get a piece there, you have somebody's blunt brain sitting here, you got blood on this. And they say it's cleaned up. There's dust all over it. We don't know what we got in it. We were in them, under them, through them, on top of them, around them. So, I mean, could we actually get DU from doing something like that?

And I heard one gentleman talking about January 21st, the loud explosion they said that, I was outside, me and my buddy had been on guard duty. We came back at 2:00 in the morning. I went inside to get a cup of coffee. We came outside and we were just hanging out for a few minutes. All at once, the sky behind me lit up. The tent's going. I said, "We best get our gas masks on." So, I turned and went inside, screamed to everyone, "Get your gas masks on." And by the time I could get my gas mask on, which was approximately 15 seconds, my face was just like you go to a dentist and get a shot. My whole face was numb within 15 seconds. We had some of the guys with blood coming out of their ears, nose, blood coming out of their eyes. We were told, "That's a sonic boom, don't worry about it, and shut up. Don't say any more about either, 'cause if you do you'll be court martialed." Okay. The next morning they came by and they took up all our MOPP gear because we had went to MOPP-4. At 7:00 in the morning, they picked up all our MOPP gear and gave us new. Why? "Well, you used it last night." "We just opened it up last night at 2:00 in the morning. At 7:00 we can't use it anymore?" The whole thing to me, like they say, "Shut up, don't say anymore about it." I was told personally, "If you want to retire, you shut up and don't say another word about this." And there were several of them in our outfit that had been kicked out, so I kept quiet until I retired. But I think now it's time I said something about it because I was told 3 times to shut up, don't say another word about it. So, that's what I've got to say. I'm getting tired of everybody running over you. They say, "You're not sick. Ah, that's silly, you're stupid." I'm getting kind of tired of it myself. Thank you.

Mr. Michael Sage, Moderator

Thank you. Is there someone who can address the question of depleted uranium?

***Dr. Roberta White
Director, Boston Environmental Hazards Center
VA Medical Center
Boston, Massachusetts***

We are starting some studies on it, but I don't know enough about it.

Mr. Michael Sage, Moderator

Please use the mics here when you speak. Thank you. I'm not an expert in depleted uranium by any means. If there's anyone in the room that could address that issue, I'd appreciate it. Two people. Either microphone, whichever one works.

***Douglas Rokke, PhD
Assistant Professor, Jacksonville State University
Department of Physical and Earth Sciences
Jacksonville, Alabama***

I was the director of the depleted uranium project. I was also the health physicist responsible for the DU in theater. I want to get a real close clarification on this gentleman's question so I can answer it. Again, please sir. One more time.

Mr. Fred Willoughby

When they brought the Iraqi stuff back after it had been blown up, we came back and we're tying it down in chains, and there's blood laying there, somebody's brains there, there's dust all over it. Was it DU dust?

Dr. Douglas Rokke

Okay. The question he just asked, he had the responsibility, where at the Al Jubayl. He was at the Port of Al Jubayl. When the destroyed equipment, both U.S. and Iraqi equipment came back, the question he is asking is: What was the hazard, what was involved, was there any depleted uranium contamination on that equipment. The answer is yes. First off, what we did the best we could, we had destroyed Abrahms Tanks and we had destroyed Bradley Fighting Vehicles. All of the Abrahms Tanks had to be sent back to the United States. We were able to decontaminate part of them. We were not able to remove all of the body parts, although we did try to. We weren't able to remove all the contamination in the equipment, although we tried to. And what we did, most of you have probably seen pictures, I know it's in the Army Environmental Policy Institute report and other places. But we wrapped them up like a Hershey's Kiss. We basically got a whole bunch of tarps and wrapped them up. Another guy and I then went back to Al Jubayl to check this equipment before it was loaded on the ship and sent back to Savannah River here, just zip distance away from here, in the Defense Consolidation Facility. The stuff was still contaminated. The stuff went through the DCF contaminated. Some of it came out, some of it got all the way over to Anniston Army Depot contaminated. We had people at Savannah River contaminated. This fine gentleman, I can guarantee you sir, you were exposed to DU. Now, whether or not it would have any health effects or anything else would depend on how much you got. If you were exposed, did you inhale it? Did you get it all into your body? Which we

wouldn't know. Yeah, you can breathe it. I was going to talk a little later on this. But the question sir, I ask, have you ever received any medical care, treatment or anything for your exposures?

Mr. Fred Willoughby

They say there's nothing wrong with me. They told me in the VA Hospital, "You're not sick."

Dr. Douglas Rokke

They say there's nothing wrong with him. I can't, we know where the contamination was on the equipment that all went back to the ports. We set up, at the AMC ports, we set up what we could to not only decontaminate the Abrahms Tanks and the Bradleys that were contaminated, but to decontaminate all the other equipment using [inaudible] that came out of the desert and out of the jungle after collateral damage and all the chemical and bio things that were spread around. It didn't get it all clean. Anybody that got around this equipment and came back, I can guarantee you was supposed to get medical care and treatment. I was going to speak later on in this thing about this, and sir, I'm sorry that you didn't receive it because, as the health physicist responsible for it, ladies and gentleman, I put out a medical recommendation in March, April, May and June 1991, again in February of '92 and '93, and continuously that everybody exposed to DU should receive the medical surveillance system that was necessary, and they never did it. Sir, I'm sorry that they disobeyed the direct order and didn't give you the care.

Mr. Fred Willoughby

When we came back they said "We're going to give you a medical exam." They came in and said, "Is anybody sick? Everybody ready to go home?" Yeah. "Anybody sick?" No, you don't feel bad right then. That's it. That was our exam.

Dr. Douglas Rokke

We tried to set up at Al Jubayl and AMC Port B the appropriate equipment to do all the detection for the chemical, the biological, and the radiological contamination that was on the captured equipment and everything else. I not only had responsibility for the DU project, I had responsibility for the captured equipment project. In Dr. Rostker's annual report of last year, he finally admitted after we'd given him all the documents, that the low-level RAD in addition to the DU was all over the equipment and that people had been exposed., thousands. That was in his January 8, 1998 report.

Congressman Bernard Sanders (I-Vermont)
US House of Representatives

If I could ask you, what is your guess as to how many people were exposed to depleted uranium? And I know that you don't know definitively that answer or the following question, but what do you think are the health hazards for the people who were over there?

Dr. Douglas Rokke

The criteria that was put out, and ladies and gentleman I don't know how to describe what's happened with DU, I don't even know how to, I was tasked with doing it and it fell apart. When we came across the casualties and asked for the care, I was called into the Theater Commander's office to put the criteria out. We developed it, and we put it forth. That criteria was then published by the Theater Medical Commander dated June 13, 1991 and specifically stated that everybody should get care, and how they should be exposed, and what should be done. It didn't happen. Everybody was exposed to DU, all the friendly fire casualties, and ladies and gentleman, I had over 100 friendly fire casualties. Unfortunately, only 35 of those names were ever given to Dr. Melissa McDiarmid. She didn't even know about them until we started working together. 80 individuals, friendly fire, that never received care. In '92 we went to Wright Patterson Air Force Base with the Secretary and everybody and outlined all the stuff on the DU then. I was recalled to active duty. They ignored it. '93 the directive came out, GAO, provide medical care. June 8th of '93, the Deputy Secretary of Defense issued a direct order to the Secretary of the Army who is now the Secretary of the VA, that he should provide direct medical care for all DU, and he ignored it. Togo West. He did. And nothing's ever happened. In October of '93, the Somalia message came out. That was after we all put the letters together and made the recommendations on who should be exposed and how to get the care. This gentleman was supposed to get the care because of that, according to that directive called the Somalia message that came out in October of 1993.

Congressman Bernard Sanders

Let me ask you this. Does the problem go beyond people who had direct contact with depleted uranium?

Dr. Douglas Rokke

Absolutely, sir.

Congressman Bernard Sanders

And what about the dust all over the place? Are we talking about thousands of people?

Dr. Douglas Rokke

Anybody that climbed or crawled on the tanks could have inhaled, ingested, or got in it. Anybody that went into the bunkers that were shot up could have inhaled or got it. All the transportation people that moved it could have. My primary team, myself, I mean, we didn't get the medical care. They didn't do the testing on the primary team, they didn't give it to the friendly fire. This whole thing has turned into an absolute, complete disaster. When Dan Fahey wrote the report, and if you have not read Dan Fahey's report on DU, ladies and gentleman, I suggest you do. All the orders are in there, all the directives that have been deliberately disobeyed and disregarded by the Department of Defense are there. The criteria specifically stating the stuff that Dr. McDiarmid was never told is there. They talk about the 300. I mean, we're talking about thousands, because I can't tell you, when I did the research in Nevada, and I did the burn tests, and I did the impact tests as the director of the DU project, I'm fed up with this because I'm sick and my guys are dead. John Siddon's dead because the Department of Defense ignored and refused to provide him medical care when I sent it up there, sent it up to the Surgeon General.

Another thing too that needs to be done, this whole DU project got started because Eric Daxon and I sent a letter to Pete Myers outlining the whole thing and what we needed to be doing while we were doing the Army Environmental Policy Institute thing. And it got us started, but you know, it's, what do you do? We've got thousands of people that possibly were exposed. I can't tell how many. I can't tell because the only way to know whether or not you got exposed to DU and if you had a problem is if they followed the criteria that was in the Somalia message. What we need and what we recommended, that Pete Myers put out at that time based on our recommendations, is that if you were in a vehicle that was impacted, if you were in the vehicle area where there was smoke, if you crawled or did maintenance on them, what you receive is a nasal and pharyngeal swab, the urinalysis, and the fecal sample stuff to determine. Then we determine whether or not you were exposed, and if you've got a level, then you get the medical care. When they didn't even test the primary team, and they didn't test the friendly fire, and they didn't care for this fine gentleman – that's a crime. It's a war crime.

The other thing, and I was in charge of this, and we put the criteria together, we put the whole theater recovery plan together. Again, thanks Eric. When Dave Lindsay, Eric, myself and some others, we put the theater recovery plan together by direct request that went to the State Department, and that thing's available, it's been out there, Rostker's staff has had a copy of it for months. That thing should have gone out, because not only did we expose our own soldiers, and we don't know what it was because we didn't test them, but we should have told the other guys, too. Even the enemy. I mean, I'm going to kill the enemy. I guarantee you, and I'll use the stuff again tomorrow morning because I am a soldier. I'm a warrior. But after I expose them, then I need to provide medical care. And you don't tell anybody. What do you do? Sir, go ahead.

Mr. Michael Sage, Moderator

I just wanted to comment that we're over 10, 15 minutes here and we have 38 people to speak.

Dr. Douglas Rokke

Okay. He asked the question, and that's what happened. And I'm going to tell you what happened to myself. They never did the testing on me. When we were doing the Nevada burn tests, finally DOE did a test on myself. They got the criteria. They got the stuff back. It was well over 2 years before I got the results of my own urinalysis as the project director, and at that time it was astronomically high. And it should have been, according to the criteria from AFRRI, you know as the project director, I get put right into care immediately. Well, when they did that to me, they didn't take care of these guys. What do we expect?

Today, the problem we are running into with DU is, and this is my own personal belief and I can't prove it, but it's just all the research I've done, if you wait long enough, whether it's chemical, or it's uranium, or it's biological, the biological half life, or the amount of time that all this stuff remains in residence in a body, will have time to dissipate, or you can't find it. So, by waiting long enough, there's no longer any medical evidence of exposure or contamination. And then the DoD can say, "No evidence? No exposure. No exposure, no illness. No illness, no compensation and no medical care." And my guys are dead, you know. Eric, you and I are best friends and we've been good friends for many years. We did a lot of work together. But it's time that what we did, is we take care of, you guys tasked me to finish a job, and I'm going to finish it. It's time to take care of the warrior. It's time to take care of the veteran. Are you a U.S. Marine, sir? Semper fi. To take care of this individual and make sure that whether or not we can tell for sure what it is, is get the criteria, get the testing done. If they come up with a medical problem, if they come up with an exposure, by providing the testing we'll know. I don't know because we didn't do the testing. And that's the only way to take care of it. Eric, help me, help them. You and I started this together with Dave.

Mr. Michael Sage, Moderator

Thank you. Let's move to, is there a response to that?

***COL Eric Daxon, PhD, MS, CHP
Radiation Hygiene Staff Officer
US Army Medical Command
Fort Sam Houston, Texas***

We can either move on or I can address some of the issues.

Mr. Michael Sage, Moderator

If you would do it as succinctly as possible so we can move on. We've got 37 more people to work through.

COL Eric Daxon

I need to correct a couple of things first off. The theater recovery plan that Dr. Rokke is talking about I didn't develop. I was not a part of that. The Somalia message that has gotten a lot of press lately was something that COL Pete Myers developed and he and I went over it in the AFRRI conference room before it was sent. And if you read it carefully, the Somalia message is basically standard occupational health procedures for exposures to any toxicant. And these procedures are based upon the amount of the toxicant that may be internalized in the body. And these procedures are based upon, when based upon all of the 35 tests that we've done about aerosolization, the Bradley burn tests that Doug, I don't believe you were the director on it, but I believe you were an observer at the test along with the other ...

Dr. Douglas Rokke

Did the DU part, and the exposure, and trying to measure the stuff, yes.

COL Eric Daxon

No, but the test director was Maryann Parkhurst, and Rich Fluzar was the test director for those tests and he was an observer at those tests. Those tests have basically come up with the contamination levels that you can have when these things are burned and when they're fired. And we're basing our current occupational health program, and what we're doing, upon these measured exposures. Dr. McDiarmid you can address whether we have gotten you or are cooperating with you in trying to get all the folks with fragments, because that is our focus. That's a program that actually got started with the DoD at the Armed Forces Radiobiology Research Institute when we wrote a report that said we need to follow fragments folks. And the VA graciously agreed to do that, and I'm really happy they did. And that's the program the Dr. McDiarmid is currently heading up. So, we're looking at what we think to be is a population that requires medical surveillance.

So, those things we're basically focused on. But everything that we're doing is based upon standard occupational health procedures, and it's based upon an estimate of the amount. And we've measured the amount in tanks, and we started measuring late. We started measuring bio-assays and urines in 1993. We're going to try to do a little better, but the programs we're coming up with are based upon the amount. And we're still going forward with that. We're reexamining the data that we've got on exposures. We're trying to make sure that it's right. And that stuff's been incorporated in the OSAGWI report. It's available on GulfLink if you want to find out what our estimate is of the exposures. It's in the case narrative, and it's on GulfLink, and some of the people that worked on that are currently sitting in the room. We're working very hard to take a look at the data again to come up with an occupational health program that is based on the exposures and trying to mitigate that. That's what we're focused on. We're focused on making

sure we do the right tests for the right people at the right time. That's basically where we're heading. And I'd be more than happy to answer any other questions on this particular subject to the best of my knowledge, but I really want to cut it off now because there are a whole bunch of veterans that I think would like to speak. Thank you.

Mr. Michael Sage, Moderator

Let's move on to the next speaker.

***Richard Wadzinski, Veteran
United Veterans of American
Godwin, North Carolina***

Good evening ladies and gentleman, the panel, and fellow veterans. I retired September 1st of '94. And I took the Persian Gulf Registry on 10 October '94. And I've never heard a word from anyone with the DoD, the VA. So, what they talk about, follow-up, there's been none. As far as research on the vets, and research needs to be done, but they need to start doing research and treatment for vets like me and other sick vets. Instead of mice or whatever, start working on us and treat us. And then as far as Mr. Bernard Rostker, he's not a doctor and I want "doctor" removed from any documents. Mr. Rostker is no doctor. I worked as a paramedic. I earned my title. Rostker is not a doctor. And I want that removed from every document.

And then to piggyback on to DU, I flew 130s and took that DU ammunition around to different places. And I had no knowledge of what it could do. But I slept for hours and hours on top of those things, and never had a clue of what DU can do to you.

Furthermore, the research that's going to be done, do it on people like us so it's unbiased instead of the biased research that's been done by DoD and the VA.

And Congressman, I have one thing for you, sir. They haven't mentioned anything about Israel in all these researches. I was there. And I'd like to tell you about how Martin-Marietta ripped the government off and put my life in danger as well as the other soldiers. I've got documents to prove it. When they shipped in the Patriots, it said, "X-number of pounds explosive weight." I had to do documents to ship misfires back to the states. And this one had 28 pounds explosive weight, this one had 56, this one had 39, this one had 24. They put our lives at stake a million dollars a pop. I'd like you to take care of Martin-Marietta ripping off the government and putting our lives in danger.

That's all I have right now. Thank you.

Mr. Michael Sage, Moderator

Thank you very much.

Joseph Miller
North Carolina National Guard
West Jefferson, North Carolina

Good evening. I don't have a prepared speech or anything, but I can tell you the amount of chemicals that were released over there by the ton, or by the pound, or by the gallon, because I've looked all that up. I've got it on the website. I can tell you where it was, and when it was over, and all that stuff. But the problem we've got now is if you look at the plume analysis, and read all that stuff, and understand all that stuff, there's a whole group of people that are not on that list. Because in that analysis they gave us 98,910 I believe it is, those are company sized units. When they did their analysis, they took the computer and they said, "This company is here, this company is here, this company is over here." They went down to company size units. The problem is, we've got probably hundreds or maybe thousands of other soldiers that were over there in less than company strength that did not get any letter, they have not heard from the VA, they have not heard from the DoD, they haven't heard from anybody. And they hear all this stuff on television about PTSD and they're not going to come talk to the VA because they're not going somewhere to hear that they're crazy, it's all in their heads. Because it's not. At the pit explosion at Khamisiyah, they blew up 757 gallons, that's what was aerosolized in that plume that went downwind, it was 757 gallons. That's their own numbers, not mine. They've even got breakdown of how it was done – whether it came out of the ground, off of the wood crates, all that stuff. They know where this is. But the problem is, what we're seeing is that it's a cocktail. It's not just the sarin gas. Because sarin gas is not contagious, and from what I've seen from a lot of these people, this is contagious. That makes it biological or something. I don't know. I don't have any answers on this, but I'm looking. That's what I'm doing down here is talking to people, and listening. I'm hunting for information.

That's all I've got. That's all I can do. I mean, I don't have a medical background, but I can sit here and I can talk to the doctors and whoever these people are who are doing all this research, if they want to talk to me, I'm in 619. I'll talk to them all night. All I know is what my medical history over the last 10 years has been, and they can ask me any questions they want, and I'll answer them as best I can. But I can tell you where all this is and that sort of thing. Because I don't deal with the medical side of it. All I know is just the treatments that I've taken on my own, because I've taken the one that they're doing the analysis on now, the mycoplasma. I've taken that on my own. I've paid for the lab tests, I've paid for the antibiotic, and I'm paying for all this other stuff. And I feel a hundred percent better. I can tell you that. But I am hearing, these other people are saying, there are other things involved. And I don't know what it is, but as long as I'm feeling good and feeling all right, it's helped me, I'm fine. I'm very, very pleased to hear that that's going on, but I think it's very, very late and should have been done a long time ago.

Mr. Michael Sage, Moderator

Sir, this is all at your cost?

Mr. Joseph Miller

Yes sir. Because when I put my website up, I wrote up all this stuff, I read the Riegle report, I read the Presidential Advisory Committee report, I read the GAO survey, I'm going to read Congressman Shays' thing as soon as he gets it to me. What I'm doing is, I don't deal with the medical side of it, other than the treatments that I've taken and what's helping me. All I am doing is keeping a running history, and trying to keep the information updated, and trying to work with other veterans in whatever I can do. But the problem we've got right now is our own credibility. We had 3 years of denials, and then we've had 6 or 7 years of talking about it, but nothing's happening. And we've gotten to the point now that a lot of the veterans that I'm talking to, they don't even want to have a dialogue on the subject because they don't want to be told that they're crazy. Because we've got people in my unit who actually filed claims and were turned down because they said we weren't there. That's the problem with the list. You've got to go all the way down and find every single person. I think my time is up. So, I'll hush and listen a while.

Mr. Michael Sage, Moderator

Not quite, but thank you. You can have more time if you wish. Thank you very much.

Paul Sullivan

Executive Director

National Gulf War Resource Center

Washington, D.C.

I'm a Gulf War veteran, and as the Executive Director of the National Gulf War Resource Center, the veterans who have come before me are indicative of the dozens of phone calls we get every week, every week, crying for answers, looking for treatment. I'm one of those guys who went to the VA and was told I wasn't in a war. I was a calvary scout. I was told nothing was wrong with me, and was refused any medical care for 20 months. I've been to friends of mine's funerals, I've been to the funeral of their kids. What I'd like to do is bring us all right back to ground zero. I'm a veteran, but I'm also the Executive Director of the Gulf War Resource Center. So, I'm wearing two hats right now. A lot of stuff has been going on today that's very good. But I would say that I would be guardedly optimistic in what's going on here. I would be very guarded because, of course, there's pro-government bias here. We heard the panel where everybody worked or was paid for by the DoD. We know that the DoD has had a long list of failures. Can they just ever get it right? It's been 8 years. A lot of the records are gone. This is a late start. Will it be hard to find the answers like Dr. Rokke alluded to? That leaves me to be very guarded.

Also, I have reservations about whether or not depleted uranium, birth defects, Lou Gehrig's disease, and other things will be overlooked. On the other hand, we have to have some hope. We have to be optimistic because the CDC is an agency outside of the VA and DoD. We have to be optimistic that veterans are here and we do have folks who are listening. That is very important. This is the first time that any government panel has had so many Gulf War veterans speak, and so many scientists, legislators, and other experts listen. We also noticed the inclusion of independent scientists here, too many to name, but they're all very good folks. And there are some good, credible doctors at CDC who want to find some answers.

So, again, we're guarded that yes, there's been a lot of luggage, a lot of really bad baggage from the DoD. But we have to have hope and try to move forward. Toward that end, Gulf War veterans are looking for the continued involvement in this issue. The Pentagon says over and over again, the number one mistake we made is that we failed to listen to Gulf War veterans. Well, thank you for coming here and listening, and I hope you understand our frustration. We are, as L.A. McClure said, the evidence. We're here, and we're willing to share our personal lives and our health histories with you all to see what we can do to find some answers.

We also think conferences like this should continue more often where they present data and results on a regular basis to provide some stability and answers on this issue. Because this conference is about genetic differences and the ability to metabolize environmental agents. Just pick up page 5 of the spiral bound thing. This is why we're here. We want research to start. Start the research. Fund it, start it, we'll let you know when you're going wrong. Trust us. Include us for your own credibility and for our sake so that we can get the fastest, best answer.

A couple of other notes that folks have touched on, but I want to expand on, is the formation of a case definition by some of the researchers in order that we might have treatment, and clinical assistance is very important. We have to have the availability of data, especially some of the classified data. Finally, the Resource Center believes this conference presents a superb opportunity to meet individually with veterans. So, scientists, veterans, please, talk to each other. We can disagree on a whole lot, and there's been a whole lot of mistakes. But let's talk, because we have to get to the answers. However, if veterans are not part of the research planning process, if access to data is restricted, if the findings are not widely distributed, or if all of the exposures and outcomes are not considered with vigor and rigor, then research programs decided upon at this CDC conference may end up as ineffective and worthless as some of the DoD initiatives.

Finally, for all of the Gulf War veterans here, there's two important notes we need to know about. The first is that we have a new law on the books, the Byrd Amendment, Public Law 105-277. The Department of Veterans Affairs, ordered by Congress, signed into law by the President on October 21, 1998 was supposed to enter into an agreement with the National Academy of

Sciences to start research. That's a separate program than from this conference. The VA has complained, "We have no laws to start research out to help Gulf War veterans" for years. Now there's a law. But what does the Department of Veterans Affairs do? They fail to implement the law. The VA is breaking the law while veterans are sick and dying. That's why there's so much frustration in the room. The VA is one promise after another. We would hope that the veterans here make sure that everybody in Congress and the researchers know this is what we've been up against. Even when Congress acts to pass laws and the President signs them, the VA fails to follow the letter and intent of the law. Thank you very much. I do have copies of the law if anyone wants it. We also have, on a first come first serve, free depleted uranium case narratives. So, I hate to cause chaos here for 30 seconds, but let me hand them out because a bunch of folks are going to run up here to get them.

Mr. Michael Sage, Moderator

Paul, I would love to get a copy of the law if I could.

Victor Silvester
President
Operation Desert Shield/Storm Association
Odessa, Texas

Good evening. I'm the International President of the Operation Desert Shield/Desert Storm Association. That organization was formed in November of 1990. It was formed because the young men and women in my son's unit asked me to form it. Three out of four of those young people had somebody either in their family circle or their friendship circle that was involved in the Vietnam Agent Orange issue. When I asked them what the problem was with Agent Orange, they felt the major issue with the Agent Orange and the Agent Orange veterans was the fact that during the Vietnam War, nobody kept the documents except the government. When it came time for the veterans to try to get some benefits or some help for their medical issues under Agent Orange, and they needed support documentation, the only people that had it was the government and DoD. And, of course, they denied having it.

When I asked them, "What do you want us to do while you're out there fighting our war?" They asked us to keep the documents. We initiated the formation of the Operation Desert Shield Association, later to be Operation Desert Shield/Desert Storm. At the moment, we stand in excess of over 8 million documents pertaining to the issues of the Gulf War. We're here today for a strategy session. As a member of a number of different boards and operations, programs, non-profits, I can tell you, you will know if you work in this program, strategizing and strategy sessions are the biggest pain in the butt that there is. You don't seem to get anywhere.

Now we all know that the medical profession, and we respect each and every one of you that's

here, particularly the chairs, and we thank you for your participation. But the medical profession and the military commanders are all taught to let go of human feeling, to let go of the point and the issue of whether somebody's going to die or whether they're not. As a military commander, you cannot allow yourself to be concerned whether you're going to lose a hundred men or a thousand men if you're trying to take an enemy position. As a doctor you sometimes have to make decisions that regard somebody's life, and in the best interest, you have to make that decision and you have to let your feelings go and make the decision based on the best evidence available. We understand this. My own personal background, I used to be a public affairs specialist with the U.S. Army Research and Development Command. I'm well familiar with the research game. But we are dealing today with the feelings, and the lives, and the future of veterans. We have to bring the human factor back into our deliberations this week. Because some of these people, the only thing that they are looking for, the only thing that they have is the hope that each of your work study programs gives them that they will see tomorrow.

I know their pain. I get up every morning and go look to see if my son is alive. Just think about that. Every day of the week for the last 7 years my first concern when I get out of bed is not to get a cup of coffee. It's to go check and see if my son is still breathing.

We have vast information here. A lot of people say, "Oh, these vets are nothing but a bunch of hobos and a bunch of bums. They just want a handout." These are the young men and women who stood in the line of defense for the freedom of this country. These are the young men and women who made it possible for you to do what you're doing today, and in some cases in this room to be extremely very well paid for it. The only reason that you are capable and have the opportunity to do your jobs and to earn your big money is because these young men and women that are in these wheelchairs and staggering around put their lives on the line. I'm asking you today to put your lives and your judgement for the next two days on the line, and let's put human back into Human Services. Thank you.

Mr. Michael Sage, Moderator

Thank you for the thoughts.

***L.A. McClure
Alaska Gulf War Syndrome Referrals Coordinator
Eagle River, Alaska***

I spent 17 years in the U.S. Army as a Signal Corps Communications Electronics Officer. Thirteen months after returning from the Gulf War, I separated from the military prematurely because I could not keep up anymore. I know we all wish we knew what the answer was, but I can tell you, if this is a planning, planning is where we start over and start fresh, and I hope that we don't go back and repeat some things that have happened in the past 8 years.

The bureaucracy is a difficult thing to move, and I appreciate it. It's a necessary evil. It's a big organization. But I know what can be accomplished. I worked in the bureaucracy and learned to work with it effectively and successfully, so I know it can be done.

Failure is not an option. In my 17 years in the military, I was taught to make it happen. And that's what I turn to you, and would ask you now to get that mindset. Make it happen. Find the answers. You can do it. But you have to have the mindset and stop, "I can't find it" or "We can find no . . ." Find it. Don't use the same tried and worn, worn out protocols, if you want to call them that, that are not working. You either believe there's a problem or you don't. And I hope you can appreciate and understand that a professional soldier, a careerist in the military, cannot be told that, "You have a psychiatric problem." You can say that in the medical community, and that's fine. But if you live in the hospital, you can live with it. But soldiers don't live in a hospital. They have to perform in the outside world, and it's the kiss of death in a career to be told that there is stress or some kind of mental disorder with you.

Now, I can appreciate that there are neuropsychological parallels. I'm not medically formally educated, but I can understand that there are correlations, or parallels, or effects, or concurrent symptoms. We need to find out what happened. Let's make it simple, keep it simple. What happened? Why do a bunch of healthy people go over there to a war and come back sick? Just keep it simple. Now, if you want to cite history, yes we know what history says. War is unhealthy. Okay. Well, let's get specific. And I don't think citing what happened in previous wars in necessarily going to give us all the answers. And I realize there are probably complicated answers. There's no one answer. And just for the sake of treatment, we don't want to just keep doing what we've been doing. If you tell a soldier to go and exercise, and to take these drugs just to have something to do, I'm afraid we've already done that. That's what we've been doing and we're not well. So, I appreciate that you want to try to do something, but my husband would say, and he's a 20-year retiree, "Take care of the soldier." My son who is 14 and has spent half his life watching his mother go downhill will, in 4 years, be ready to follow in his mother's and father's footsteps. I don't want to see my son go through this again. And we don't want to see other soldiers go through this hell again.

"I don't know what happened" is not an answer. Make it happen. I did my job, and I did it well, and I didn't like having to end my career prematurely. I'm asking you to please do your jobs well. You wouldn't be here if we veterans hadn't kept hammering this. You wouldn't be here tonight. We've made it happen this far and we're going to keep trying to make it happen. We're asking for cooperation, renewed zest, not the same old story, the same old excuses. We've made money become available. We're not trying to just give you a job. We want the answers. Thank you.

***Gina Whitcomb
Executive Director
Desert Storm Justice Foundation***

Guthrie, Oklahoma

Good evening. I want to thank the panelists, and Congressman Sanders, I really appreciate your still being here. What I really want to talk about tonight is the sense of urgency that continues to not be there. Four and a half years ago, I testified at the first hearing of the Presidential Advisory Committee, and that was part of my testimony. And it still is not happening. It still is not there. And while we chase around trying to figure out who did what, whether the chemicals were this or that, we continue to have the illnesses worsen, and are going to get to permanent. My son is an example of that. This is his picture. He is 82nd Airborne Combat Engineer Demolitions. He's 26 years old and in a wheelchair. He has permanent injuries that he will not overcome because he has not been treated. VA has treated his symptoms throwing medicine at him.

We've got to get that sense of urgency. So, here we are at the 9th anniversary of the war and we're here talking about what research are we going to do. Nine years later, why are we just now starting to get serious about it? I realize there's a lot of research programs going on out there, and a lot of these I get the results back from, and I read it, and I see how skewed it is and how flawed it is, and that here are a couple of more years that have been wasted. We've got to get this sense of urgency back in.

Now, a couple of years ago, we would request and get the death count. And we were tracking that for a couple of years, and it was astounding every time we did. It would be a period of probably every 4 to 6 months. I mean, we didn't try to make ourselves too big a nuisance. And it would leap by like 67 percent and those kind of things. Okay, then finally, someone got wind of it and told our wonderful connection, "No more. Don't do this death count for them anymore." Now, this is unfair. I know that with a death count we can't prove that all those folks died from the Gulf War illnesses. I know there's been a mortality study, and they say the greater number are dying in accidental deaths. And I'd like to address that too. It's not always just that they're driving too fast or whatever. My son can no longer drive by himself. He gets lost going where he goes. The last time we let him drive himself, he passed out at the wheel and wrecked his vehicle. And, it just meant that that was not his time to go because it was a very serious roll down the culvert kind of accident. So, these accidental deaths are not always just non-medical problems that they're not having.

So, I really want to get that sense of urgency back in everybody. Everybody that's been here, I mean, I'm so encouraged by a lot of our private sector folks that are here, and in getting more and more private sector involved in this. And I just ask that you take that seriously and let's get beyond who did what to whom, was it a chemical, was it the PB pill, was it that or this, and let's get some treatment started.

Now, recently there were 2 very small treatment trials that have been started. They're too small, there's a very small number involved, and then when you divide that in half because half are going

to get the placebo and half are going to get the actual treatment, that is very limited and that's got to be increased. We've got to out there. Like L.A. said, don't try this medicine or don't try exercise because we've been out there doing that. We've been doing the best we can with what we know, and taking vitamins, and avoiding things that hurt us. And we've got to get on to something serious. Thank you.

Jim Whitcomb
National Treasurer
Desert Storm Justice Foundation
Guthrie, Oklahoma

A group of us got together last night from all the different branches of the service that are here, and put together something that we felt needed to be. It's called *The Patients' Bill of Rights*:

The Gulf War Illness Patients' Bill of Rights
CDC Conference
February 28 - March 2, 1999
Atlanta, Georgia

1. Restore Constitutional Rights to veterans by removing Section 511a from Title 38 of VA Regulations.
2. Appropriate \$67 million for civilian researchers, over four (4) years, as soon as possible.
3. Publicize quarterly, accurate death counts of deployed Gulf War veterans.
4. Publicize quarterly, accurate death counts of non-deployed Gulf era veterans.
5. Endorse 1999 Atlanta consensus on multiple chemical sensitivity" consensus criterion Number 6: Symptoms involved multiple organ system and multi-organ disorders.
6. Refuse to equate Gulf War illness with psychiatric disorders, especially PTSD.
7. Require functional brain imaging (other than MRI) pilot studies, especially PET scans, to characterize Gulf War illness brain pathology.
8. Mandate honest disclosure to the patient of all military and VA health records, including immunization, certified copies would be acceptable.
9. Relieve researchers and patients of unjust extraordinary high standards of proof of physical illness and its cause. Accept and encourage treatment, outcome, and association

studies.

10. Notify communications media of all government conferences, hearings, and requests for proposals regarding Gulf War illness.
11. Insist that the Department of Defense and VA disseminate the report of this CDC conference, and this Bill of Rights, to all their physicians and patients for their use.
12. Hold a CDC conference on biological/germ warfare as soon as possible.
13. Disclose funding and raw data of all research projects and their investigation of the Gulf War issues via a readily accessible format, such as a website.
14. Fund an oversight committee of civilian clinicians and representatives of Gulf War veterans' support groups to enforce the provisions of this Patients' Bill of Rights. Committee may approve and/or veto research.

I have several copies that I could give out. We will also have a roster. If you want to sign it, it will be with the Desert Storm Justice Foundation, and you can get a hold of us.

Mr. Michael Sage, Moderator

Could you make sure that Phil gets a copy in the back of the room? And Phil, if possible, overnight, could you make enough copies for everybody that attends this conference?

***Phil Talboy
Co-Chair, Conference Executive Planning Committee
Deputy Chief, Veterans' Health Activity Working Group
Division of Environmental Hazards and Health Effects
National Center for Environmental Health
Centers for Disease Control and Prevention
Atlanta, Georgia***

Yes, and we'll place them out on the handout table by the Registration Office.

***Denise Nichols
MAJ., USAFR (Ret), MS
Vice Chair, National Vietnam and Gulf War Veterans Coalition
President and Founder, Desert Storm Veterans of the Rocky Mountains
Wheat Ridge, Colorado***

I'm a retired Major, flight nurse, U.S. Air Force, have a master's of science degree, served my 20 years active and reserve time. Many people know me already. I want to tell you that when you have researchers that put in for research, and we're going back a little ways, it's one of the reasons that spurred me to go to the Hill and start talking, and talking to our elected officers whether they were in my state or out of my state. And Congressman Sanders, I don't know how to thank you for staying with us, being with us. There's some people in Congress that are good, decent people and we need more.

But when you get copies, and I don't have it with me but I'll get it to you, of a researcher that looked at our semen for our male veterans some years ago, did some sampling, was asked by a person on Rockefeller's staff, and on the denial letter for his research, and this is Drs. William Boone and Elaine Richardson, when they'd had some samples just to take a look around, and they went for funding, and they're saying a reviewer comment was, "Highly controversial with political implications." Excuse me. That is not appropriate when you're looking for answers. It is wrong. We have had doctors and researchers standing up for us. Our VA doctors, if they stand up for us, they are out the door. This has got to stop. It's got to stop immediately.

Those research proposals need to be called forward, the answer letters back to these people, I want them on the Internet. I want America to know what our vets have gone through. When Dr. Rostker at the DoD, or if you put the research projects on the web, I want a public bulletin board. Not a system that we can e-mail privately and get little e-mail messages back. I want a public bulletin board on the website. I want America to know, and we're in the age that we can have this on the Internet. Okay?

We're tired. I'm tired of getting phone calls at all hours begging for help. We have tried to help each other. We are on the battlefield still. We came home, and we're on the battlefield, and we have been left here. This is not hysteria. This is real. This is our lives. If you cannot value human life, be it a soldier that went to war or be it a person that had a car accident that was a civilian, then our morals in this country, they're not there anymore. These are human rights whether we're soldiers or not, human rights.

Did anyone ask the family members if they were having any of the symptoms that Gulf War vets have been experiencing? Did anybody go to the trouble of checking with a family member, the wife, of these people that have died in accidental deaths? Did you even check if they had gone to the VA or the Gulf War Registry? We have too many people dying. When I was up in Washington working the Hill, we had a marine helicopter assigned to the White House squadron. It was taxiing around, hit a utility pole, flipped over. Gee, I think our marine pilots are usually better than that. I went to Bob Dornan's office and Mr. Al Sentoli and I said, "I want to know, tell me if this is one of our vets or not. Get on the phone, find out, you've got the clearances." I sat there as he made the calls. They would neither "deny nor confirm." That helicopter was assigned to the White House squadron.

We had a helicopter air ambulance out of Denver, one year ago. It was a Gulf War veteran helicopter pilot, Army, doing his civilian job. He was directed in away from the power lines when he came into the scene of an accident. They stabilized the patient, loaded the patient, it was getting a little dark, mind you remember, he was directed in away from power lines. He lifts off to take off and he flies right into those power lines. The helicopter went down, killed everybody on board. Did they, in their investigation, the Transportation Board would have been involved with that, did they talk to the family members? Did they see, did they go through a check list that we have in the Legion Self-help Guide, the Gulf War Self-help Guide? Did they go through this with a family member? Did you notice changes? No, they probably haven't.

This has got to stop. It's not only our lives. It's other people's lives. Do not leave us on the battlefield any longer. I was proud of my country when I went to war. I was proud to serve. I volunteered. My God, I'm going to be on TV. My husband told me not to volunteer and I did. Don't leave us this way, and don't do research that's faulty. This country needs truth for a change, and it needs it now. Thank you.

Ruth G. McGill, MD
Psychiatrist
San Angelo, Texas

All hands on deck. Attention, this is General Doctor McGill. Denise is a damn good nurse and what she has said tonight is a note that we should end on. She has said that she is damn tired. I have watched these veterans all day. I have been through what they have been. We are dead on our feet. We cannot tell you any better than we can show you. It is time for us to go to bed. It is time for us to get aggressive rest therapy. Bed rest. I feel very mixed up about giving this order because I sense that this is a very attentive audience. These are the researchers who care. You made the extra effort to be here tonight in what was originally scheduled to be leisure time. What you really need to know, which we can only show you, and we really can't tell you, is that we have to quit. We have to be retired from the field of battle. We have to take some R and R. And I'm just going to set the first example by retreating. Thank you.

Mr. Michael Sage, Moderator

Thank you. It's been a very long day, and I appreciate everyone's patience. We wish to make sure everyone is heard this evening, but understand totally if people feel they need a little time to themselves and need to retire from this.

LT COL Robert Wolfertz, MA
Marine Corps (Ret)
Desert Storm Justice Foundation
Bedford, New Hampshire

Dr. McGill stole a little bit of my thunder because I wanted to express my thanks to the members of the medical and research community who are still here with us. If you're looking for a place to send the money, instead of doing a lot of studies about who should get it, you should get it to the people who are still here who care enough to hear what the veterans have to say about what's going on with them.

I served as the Executive Officer for the 4th Marine Infantry Regiment during Operation Desert Storm. Just prior to the commencement of the ground offensive in mid February, 1991, I received anthrax and botulism vaccines along with pyridostigmine bromide tablets as preventive medicines for chemical and biological warfare. My subsequent exposure to other contaminants included spending about two weeks in the vicinity of the burning Al Wahfra and Umm Gudair oil fields in Kuwait. Our unit also responded to chemical alerts on the battlefield. I was exposed to depleted uranium in the detritus of war in and around the Al Jaber Airfield, a former Iraqi held Kuwaiti Air Force Base.

Prior to these exposures, I was in excellent shape. As an active member of the Mormon Church, I did not drink, did not smoke, did not take caffeinated beverages or use any illegal drugs. My first health problems began in Kuwait after hostilities concluded. I woke up one morning severe pain in my lower back which lasted for well over a week, and sporadically over the next year. About 6 months later I began experiencing roving joint pain, overall fatigue, headaches, skin rashes, and an eyelid infection which recurred about every 2 weeks.

I was seen at the VA Hospital in Manchester, New Hampshire, and I understand why the VA is much maligned. However, I was seen by Dr. Victor Gordan. And as many times as I've heard of doctors being castigated by the VA, Dr. Gordan is a survivor, and Dr. Gordan cares about veterans, and he works for the VA. Dr. Gordan told me that I had Persian Gulf syndrome, that no one really knew what it was, and that there was no treatment available.

In March of 1996, I was asked to give testimony to the Presidential Advisory Committee on Gulf War Illness. I listened to various experts commenting as to the possible causes of the illness, and these included petroleum ingestion, exposure to pesticides, depleted uranium, other toxins, or possible the cumulative effects of preventive medicines. Also giving testimony was Diane Dulka, a concerned citizen and widow of a Gulf War veteran, who, of her own volition was taking steps to get treatment for afflicted Gulf War veterans. During her testimony, Diane mentioned a detoxification program being conducted by Health Med in Sacramento, California. She briefly explained the program to me and put me in touch with the director of the clinic, Jim Woodworth. Jim explained a detailed regimen of exercise, sauna, vitamin and nutrient supplements, and it sounded like a pretty good idea to me. And so, I arranged to go to Health Med in June of 1996. Jim had expressed his confidence that the chemicals or other toxins stored in my adipose tissues, for those Marines who are in the audience, that's fat, could be dealt with effectively without the

use of experimental drugs.

I quickly saw results. The first physical evidence of my system being cleansed occurred on my third day at the clinic when, during 2 separate sessions in the sauna, I saw a yellow-brown substance coming out of my sweat onto the towel on which I was sitting. This happened again 2 days later. The 5th morning I woke up, having slept all night the first time in about 6 months, and without any pain in my joints. The infection in my right eyelid and the rash on my foot totally cleared up. During my final 2 days in the program, I happened to have a towel under my feet, and I noticed as I moved my feet, there were black spots on the towel. So, I put them down and waited a while, then moved them again, and saw more black spots on the towel. I don't know what was coming out of my system, but that occurred on several other occasions.

I completed the program on June 20, 1996 and I continue to feel strong, invigorated, and healthy. Today, at the conclusion of the panel of veterans' discussion, I was asked if I was moved by their testimony. I have to tell you that "moved" is not the right adjective. I was frustrated, and I continue to be frustrated because I have benefitted from a treatment that I think other veterans should have the opportunity to benefit from as well. Thank you very much.

Congressman Bernard Sanders

Let me just make a point because I think Bob hit something right on the head. The frustration that many of us have had is that after 7 years if you went to the VA and the DoD today and you said, "What is the cause of Gulf War illness?" They say, "We don't know." "What kind of treatment have you developed?" "Well, we haven't developed any treatment." Now, the point that Bob made is, I think, a simple point and an important point. He said that he underwent the treatment that was effective for him. Now, the truth of the matter is, he doesn't know and we don't know if it would be effective for other people. We don't know that. But it seems to be that what common sense would dictate, is that if you have what is called anecdotal evidence and you're the anecdote right here, right, alive and well, that we should explore that, that it makes sense that when we are hearing all over the country that this treatment works for that person. Maybe it won't work for everybody else, that's possible. And maybe it's not the right treatment for everybody else. But it just seems to me that when treatments are out there that we hear are working, what is the problem about exploring them, and if they don't work, they don't work? Does that make sense to people, that we explore what's out there? And I think, you know we heard a little while ago from Mrs. Whitcomb, I think, and she talked about a sense of urgency. And I think this is what we're talking about. There is a treatment out there. There is a hypothesis. He said it works. I think we should take a look at that, and in fact do exactly what you said and make that type of program, and that's not the only one, available to other vets.

Now, there's some good news. I think Paul Sullivan was talking about it a moment ago. That after years of struggle on your part, there is a hypothesis which in fact is going to be tested in a

trial which is going to begin very soon, and that is Garth Nicholson's hypothesis that the use of doxycycline for over a year, heavy dosages for over a year, in fact have a positive effect. He says it does, we hear anecdotally that it does, and finally the VA is going to do the right thing and do the trial. And if, in fact, it works out well, under a well supervised clinical trial, that will become a treatment of record for all Gulf War veterans.

But I think we've got to continue to do that. Ideas are out there. Let's test them. If they work, send them to everybody. If they don't, we've learned something in that process. And I think that's the lesson to be learned for what you have to say, Bob.

LT COL Robert Wolfertz

If I could just add one point of clarification. Although my evidence is anecdotal, there are two other Marines that went through the same program I did who also experienced health recovery. Thank you again.

***David T. Smith
State Commander
Idaho Desert Storm Justice Foundation
Lewiston, Idaho***

I'm a former United States Marine. I served with 1st Surveillance Reconnaissance Intelligence Group during Operations Desert Shield and Storm. I'm currently 100 percent service connected. I got sick in the Gulf after my anthrax vaccination, within 24 hours. After returning from the Gulf, I was placed on medical hold prior to discharge for problems incurred during the Gulf. I finally received compensation only after a 7-year fight with the help from my Congressman, my Senator, and testimony for the Veterans Affairs Committee in Washington, D.C. I was service connected in '97 and I begin to receive my treatments, but all the doctors kept telling me, "If we could have seen you in those first 5 years, we could have stopped the degeneration process. But now that we're over 5 years out, there's nothing we can really do for you except stabilize you." Now I'm on 16 prescribed medications daily, and every veteran can't do what I had to do to get to this point, and they shouldn't have to do what I did to get to this point. So, I'm glad to see a panel like this happening, but I just think you guys need to be aware of the horror stories that are out there. I mean, a lot of fighting for 7 years. And now they've rated me 100 percent. They'll take care of me and everything, but it doesn't take away all the problems that happened before or are still going on. That's all I have to say.

***Debra Smith
Vice President
Idaho Desert Storm Justice Foundation
Lewiston, Idaho***

I'd like to thank Congressman Sanders and the panel in front of us for giving us this time. I could stand before you as the Vice President of the National Gulf War Resource Center which is a coalition of 56 Gulf War grassroots organizations across the country and internationally. I could stand before you as the public affairs officer of the Idaho Desert Storm Justice Foundation. I could also stand before you as an individual charged by Helen Chenoweth, Congressman of the state of Idaho, to work with the Boise VA system to find programs that would benefit Idaho Gulf War veterans to the maximum. But I don't. I stand in front of you today as the mother of a 4-year old who puts on his father's Marine Corps dress white hat and parades around his home as a little soldier. I come before you as a mother of a 4-year old who has watched his father endure many physical pains to go through research. I have watched this 4-year old open the refrigerator and pick up specimen samples of semen and ask his father, "Daddy, what's in this cup?" And his daddy tells him, "I am just participating in a research to help your service be better." This 4-year old wants to serve his country. His father served 10 years in the Marine Corps and does not want him to serve. What does that tell you about going to war?

Today I heard statistics from the Civil War down to the Gulf War. We continue to send our soldiers into an atmosphere that we know will cause physical ailments. It is time that we investigate the causes and stop sending these children into an environment that brings them back sick. War is always in front of us. I pray to God that my child will never, ever have to go to war. But I take comfort in knowing that even at 4 years old he has pride in his country, and he has pride in the service that his father did for his country. Let's not squash the dreams of these children who will honor us as parents, who will honor those who created this country.

Let's find out what happens before we send them to war. We have an era, another era of veterans that went into this war intelligent. The statistics show that they were an older age, that they had a higher IQ, many of them were married. They continue to suffer as the Vietnam veterans did, as the World War II veterans did, as the Civil War veterans did. Those statistics mean nothing to us. What means something to me is knowing that my 4-year old will serve in a better environment than these soldiers did. We sent them into a toxic environment knowing that there were precautions that we could take. But were they taken? No they were not. In the name of expedition, in the name of money, whatever it was, they weren't protected thoroughly.

Will this happen again? I hope not. I hope that the knowledge that we gain from this conference will allow us to cease this action, to cease this history that has repeated itself over and over again. This is a heavy burden to place upon you, but it's no more of a burden that these soldiers who went to war took upon their shoulders when their country called. Step up to this burden and be a soldier in this fight as well. Thank you.

Beatrice Golomb, MD, PhD
Health Consultant

Rand International
Santa Monica, California

I am not a veteran, but I really wanted to take this opportunity, and this was not incited by Congressman Sanders, although it will sound like it is, I wanted to take this opportunity since there are veterans here to ask those of you who have undergone treatment and feel that that treatment may have helped you, to please seek me out and come talk with me about it. Because I really do think that your stories and experiences can help direct us in looking for a promising lines of research. Thank you.

Stephen McFadden, MS
Independent Research Advocates
Dallas, Texas

I'd like to see the research proposals, research results, and reference literature collected at a library somewhere like a National Library of Medicine so researchers in the field could go one place to see what's being done. Because there's an awful lot of proposals and literature, and it's all over the place. A lot of the federal agencies have dockets offices, like EPA Pesticides, and if you want to know anything about pesticides, you just go there. National Library of Medicine would seem to be a very good place for a reading room on this sort of thing. Thank you.

Barry Wilson, PhD.
Professor, Department of Animal Science/Department of Environmental Toxicology
University of California, Davis
Davis, California

This came up in our workgroup today, and it's a winner.

Mr. Michael Sage, Moderator

Also, it could easily be put up on the web at that time, which was an earlier suggestion.

Edward Bryan
Malden, Massachusetts

I'm a Gulf War veterans. I've had 2 jobs in my whole, entire life. Firefighter, or I should say a full-time firefighter driving a fire engine, not Red Adair's oil well drillers firefighters. There's a big difference. I'm totally disabled. My family is in despair on this. Roberta White knows me. I'm up in the Boston group. It's a shame that every time that we go to the VA we're not getting treatment. They refuse us treatment. I was lucky to get MRI, SPECT scans, full blood work-ups, seeing some of the right doctors at the right time. But if you have a regular veteran coming in off

the street today, they get Tylenol. They get Tylenol and are told to go back home. So, we want you to be aware of that.

I would just like to see the Public Law 103-446 take place. And we have to look at that, we really do. We want Congressman Sanders to take charge of that. Dr. Heller, now I started studying oil well fires back in 1992 as a firefighter. It states that we should have been wearing respirators over there. Dr. Heller, I just talked to him out there in the hall earlier today, he refused, he said, "I would never tell anybody to wear a respirator." Well, if I pull the fire alarm over here, or if I set a trash barrel on fire in this building, what are they going to come in with? They're not going to come in with these. They're going to come in with self-contained breathing apparatus. The smoke over there in Saudi Arabia was 2 miles visibility where I was. That's at the Port of Al Duhman. The most filthiest place in the world. It was a toxic waste dump. This isn't being told. The food was contaminated.

Dr. Heller didn't read *FM8-285*. I have a few of them here. He has to wake up. Dr. Heller got a peer review in *U.S. Medicine*. He was a pesticides expert. He's no oil fire expert. Whatever he says about oil fires, don't believe him. It's like talking to the wall. Don't believe him. He has to read the toxic chemicals. You can't get this on the Internet. Dr. Rostker will not let you see that on the Internet. That's *Army Field Manual 8-285: Treatment of Chemical Agents Casualties and Conventional Military Chemical Injuries*. It states everything right here, what we're all complaining about. The nerve agents that were released under each oil well that was set on fire. Did Dr. Heller know about those? I guess not. There were at least 4 or 5 canisters from what I understand reading the book *Psychic Warrior*.

Another couple of things. Sandfly fever. I was diagnosed with sandfly fever over there in the Gulf War. The *SIU Report*, nothing on sandfly fever or lindane. That was just released in September. What's going on here? These chemicals are very serious. Those were oil wells. That was crude oil. That's a make-up for everything that's in this room here. That's how they build America by crude oil. They put it in our food. That's why we have chemical sensitivities. Researchers like yourself up there and these panels and working groups are going to have to come out and face reality. I mean, we don't want the enemy to know what's going on.

Dr. Joseph, another sad story. He screwed up the AIDS epidemic in the 1970s. I don't know if you people know that. He also screwed up Gulf War illness in the 1990s. It's a shame. That guy should be stripped of everything including his retirement pay. And there shouldn't be a RAND Corporation.

The answers are looking at the oil well fires, nerve agents under each oil well set on fire, and carbon monoxide. That's the other part where the respirator comes into place because in the Fire Science Manual by a guy by the name of Malle, he states, when you're in a less oxygen environment such as the Gulf War, we're in 2 miles visibility of smoke, that means, there had to

be 19 percent oxygen. So, we're missing 2 percent oxygen or 3 percent or 5 percent. If you're closer to the oil wells, it even states it in the field manuals, death will occur. And there's a high death rate here. Numbers are up there. 30,000, 20,000 dead already. All because of car accidents? I don't believe that, not as a firefighter trained in fire science. No.

You doctors have to get off the totem pole and start going for peer reviews. There was a peer review just released from the Department of Veterans Administration. Oil well fires are not on there, insignificant. Carbon monoxide isn't on there. I'd like to see what Tim Gerrity has to say about that. I think he should be stripped of all his pay and removed from the totem pole at the Veterans Administration because he should have never done that. He should have never took out carbon monoxide poisoning on the oil well fires explosions. It's just telling you how the government's taken to editing everything. It has to go to the Department of Defense for editing? It has to go the to VA for editing? Why doesn't it go through my office for editing, Or Denise Nichols' office for editing, or Roberta White's office for editing, or Bernie Sanders' office for editing? Other than the DoD or VA. That's what has to stop.

As a firefighter, I'm disgusted at hearing all this. It's the fires over there. Those fires were contaminated. When are the people going to see that? Look up oil, look up the characteristics of it. Death. I don't know. I just can't follow it. You people have to wake up.

And I'd like to know one question, Dr. White, just one. Ten years ago, 1988, in court, you couldn't delineate which chemical caused Alzheimers. How are you going to do any kind of chemical exposures here for the Gulf War veterans.

Dr. Roberta White

I'm not sure what you're talking about Ed.

Mr. Edward Bryan

I'll pull it out. In 1988, there was a deposition, Vetrol Company versus Carpo Industries. It says, "Dr. White was unable to delineate which chemical produced what effects." And it's Alzheimers that we're looking at. That's what crude oil is. Crude oil causes Alzheimers. When are these researchers going to wake up and smell the roses? We have chemicals in our homes ladies and gentlemen. We've got pesticides in our homes. Children are picking it up and eating it. This is sad. It really is, it's sad.

Mr. Michael Sage, Moderator

We need to, it's been about 10 minutes.

Mr. Edward Bryan

That's all right. I just wanted to bring that up, only because, it was probably a court case, but I want to know, later on you can tell me. But I want to know.

Dr. Roberta White

It was actually a solvent encephalopathy case, not an Alzheimers case.

Mr. Edward Bryan

Well, crude oil causes Alzheimers.

Mr. Michael Sage, Moderator

It is getting late, and everyone is being very patient, so we would appreciate a limit to 5 minutes.

Maggie Eklund
Promotional Director
Desert Storm Justice Foundation
Oklahoma City, Oklahoma

I promise I won't take over 5 minutes. I just wanted to give you a little testimonial. I thank all my brothers and sisters that went to the Gulf. But I want you people to know that I stand before you as evidence of somebody that had the inoculations to be deployed and gave them to over 6,000 troops, stamped every one of those medical records with the stamps, where they went I don't know. And your DoD still says, I have the document if anybody wants it and I know people in the room have it, that are telling you that the Army did not receive yellow fever for deployment. I gave it. Not only that, I know many troops that got to the east coast, and for some reason their record wasn't with them, and got it again. They got it 2 and 3 times. I was not deployed. I am ill. I have the same symptoms. I've been diagnosed by blood work with the Epstein Barr virus, the mycoplasma, I have a degenerating C-6 that I have to receive a cervical epidural every 3rd month. One of the life savers for me in the last few months is that they put me on Neurontin and I'm the most pain free I've been in 5 years. I did take the doxycycline treatment. I told a couple of toxicologists here as we were talking about, whatever works, works. But I can't speak for those, I know that the pain clinic doctor is rationing out Neurontin to fibromyalgia patients, and he's having very good responses. I want people to know this.

I want the researchers to know I'm a nuclear technologist by trade, and I can promise you that we've lost a lot of data, but there's some valuable data there right now that we can grasp for new drugs that are coming out, that we can work with toxicologists and you people, and that is PET

and SPECT imaging. We need to image those brains and do some markers and some tracking, and we can tell what's going on, and we can tell if these drugs are working. We've got to do it, and we've got to do it now. We can't wait any longer. The technology is there. It's not cheap, but it's there.

The other thing that I was exposed to, I was exposed to DEET. You know, I had no idea that it wasn't the strength that I buy at the market, or whatever. All I know is people need to know because there were people who tried to shut me up for years until Ms. Whitcomb, when my parents brought me back here so sick, had put me on TV a few times in Oklahoma City so that my VA appointments would quit being canceled and I quit having threats by people in high places that said, "We don't want to hear what you have to say, Margaret." All because I wasn't in the Gulf and they told me, "It's gotta be in your head. You can't be sick. You didn't go anywhere. You were on a vacation."

I'm not the only one. That was the saving grace was when I found other people that were not deployed that are ill. And a lot of them, yeah, they were DoD and people that handled things, but you have a lot of nurses and medical people. It was the most massive deployment of medical people. And if you really want to know what I did that I couldn't talk about for a long time, after 30 percent of my unit, I was with a 750-bed hospital unit, and we were cheap to the government. We had medical professionals that, even the government didn't know what we had, that were holding old places and manning tables, 30 percent were assigned to other units went into the Gulf within 72 hours, 60 percent backfilled across the United States. I remained with the 10 percent because the 7th Infantry Light Fighters did not go anywhere, and believe me they were pissed off. Those young men are taught to do nothing but blow things up and hold their own for 48 hours with an M-60. And we became the medical, we had, I couldn't any longer, here I was in the United States, and my family or nobody knew where I was or what I was doing, and couldn't figure it out. I bet none of you know that the Light Fighters remained on American soil with a small contingency of us medical people to protect you against terrorist attack. Thanks.

COL Gilbert D. Roman
Gulf War Veteran
Lakewood, Colorado

Good evening. I am from Denver. I am with the organization there that my boss, and I call her that with loving respect, Major Denise Nichols, is with. So, she got me involved in this process. I was kind of hiding out, I guess, for a while. I did not feel that what I had during the early 90s was of significance enough or was something that I needed to talk about. But, I was wrong. And the reason I was wrong is because had I not come forward and become involved, I would not have been able to tell my story. I'm 70 percent disabled, service connected, and probably another 170 percent from the undiagnosed, whatever that means. I'm not sure how you can be treated for undiagnosed illnesses at this point in time because I'm not a medical professional in the clinical

sense. But I am a retired Colonel in the U.S. Army Reserve. I have 4 college degrees, and I'm telling you that only because I can't find a job. I'm not able to perform because if they find out that I am 70 percent disabled, so therefore I can't. I have a doctorate, an MBA, another master's and a B.A. I'm not qualified I guess, or I'm overqualified. I'm not sure which one it is. And the reason I'm sharing this with you is because I was asked to come up here and volunteer. I learned early when I was enlisted, that I should never have volunteered. I was very proud to be an enlisted person by the way. But I'm volunteering today. I'm volunteering to tell you just a little bit about myself. And that is that, when I served in the Gulf as a full Colonel, I used to hear and see the SCUDS coming in King Khalid Military City or Dammam, Dahrhan, where ever I was. And the chemical alarms would go off, and they would go berserk. And I would ask the question, now remember I said I was a full Colonel, I would ask the question and the response was, "Oh, sir, those chemical alarms are caused by vibrations." And I said, "A thousand times? Twelve hundred times? How many SCUDS have we had?" A whole lot of SCUDS. "Well, sir, they're vibrations, or the batteries are not operating functionally." Well, the truth of the matter is that the chemical alarms went off in our tanks and in our APCs up at the front as well. So, I'm not so sure that that was true. I mean, I'm not a chemical expert, but I don't think it was true.

I came home and experienced all the things that you have heard tonight and that you have read about from the rashes that I got from my neck down, not in the back, but from the neck down in the front, because I was wearing a mask sometimes. But, they told us it wasn't necessary because it wasn't chemicals. So, I believed that, and I came back with all of these symptoms. I was sent to the VA to register myself. I went to the VA in D.C. I went to the VA in Denver, and they examined me. They gave me a thorough examination. I went to Fitzsimmons because I was told to go to Fitzsimmons because I was in the Army. I went to Fitzsimmons and all of them found a whole lot of things including pre-cancerous polyps in my nasal passages and in my colon, I had all kinds of, I don't even want to talk about them, all kinds of things. Then I went to L.A. VA, so that's 3 VAs, and I visited with Dr. Bill Baumzweiger. And Dr. Baumzweiger is renown in this country because he tells the truth. He's a neurologist, MD. When I was in his office for a 4 hour examination. After he completed the examination he said, "Colonel, you have the same thing a lot of people have who served in the Gulf. Amongst those, you have serious neurological damage, you have brain stem damage to an extent. You're not going to live as long as you would have, but neither are a whole lot of other people who served in the Gulf." He said, "By 2 or 3 years from now, you're going to have to have a heart by-pass or a heart transplant." And sure enough, in 1998, in January, it took the VA from 1992 to January of '98 to get me approved, and I'm grateful for it, I'm not complaining. They told me I had to have a quadruple by-pass at that time. And my quadruple by-pass I put off because I was scared because I worked in the Medical Service Corps for almost 20 years, and I have been around a lot of hospitals and I was scared. So I didn't do it.

And I'm going to wrap it up right now because the little red light is blinking at me. Like the Congress, they have this little red light as well, you know Congressman. So, I'm going to give

myself another 30 seconds if that's okay with the chair. I watched the impeachment hearings so I know the way it goes now. The problem that I see here is, and you all heard all the problems that we have, but one of the things I want to add to that is even though we were hit by an invisible bullet, perhaps it was odorless or not, invisible bullets being chemicals and biological warfare agents. We're not getting any Purple Hearts. You know. We're getting sick, and we're falling, and we're dying, and we're not getting any Purple Hearts. Some kind of recognition besides the fact that we're not being treated at this point in time, needs to be given to us. So, think about that as well. Thank you very much.

Anthony Hardie
Constituent Liaison, Veterans Affairs
Office of US Representative Tammy Baldwin
2nd District of Wisconsin
Madison, Wisconsin

I wear several different hats. President of the Gulf War Veterans of Wisconsin, National Secretary at the National Gulf War Resource Center, Veterans Coordinator and Special Projects Coordinator for US Representative Tammy Baldwin, Madison Wisconsin.

Currently, I'm going to be speaking on my own behalf, but informed by all those different positions. I'd like to read something, unfortunately I didn't bring my printer with me, it would have been a lot handier.

However, this morning, we were informed by some historical research, and it was quite well done, and we went all the way back to the Civil War. I'm going to read an abstract from the *Journal of Psychohistory*, and it wasn't read this morning:

The generally accepted view that the syndrome is a viral infection is challenged from a psychoanalytical point of view. It is argued that the etiology of the disease is psychosomatic, that the syndrome is the manifestation of epidemic hysteria, a contagious psychological disturbance. It's victims are seen as scape goats, recipients of the poisonous feelings of "the group" or U.S. society. Unable to react effectively to feelings of shame, victims become depressed, suppression of the immune system and syndrome symptoms develop in consequence. Corroboration is given in the form of case histories of similar epidemics and other circumstantial data. The epidemic will probably cease when society decides that atonement has been achieved. The media, the instrument of dissemination of the epidemic, will serve to signal the end of the crisis.

Now, I would imagine that that makes an awful lot of Gulf War veterans angry. However, this citation is from 1984. This is regarding AIDS. It's written by Casper G. Schmidt, *Journal of Psychohistory*. I have the complete citation if anybody's interested.

I think that's very interesting because I was doing some research on the AIDS movement and other movements of people that have had health problems. This is significant. There are a lot of folks in this room. I'm sensing that there are a lot of folks here who are angry. They've got neurological disorders. They've got cognitive problems, all sorts of things. And they're not speaking for themselves the way they would necessarily the way they would if they weren't filled with so much anger. And they're given 4 minutes to sum the entire last 9 years. This is another example of where we were in 1984 and where we are right now with something very similar. I'd like to read something else. We were speaking this morning during the veterans' panel that it was very important that veterans continue to participate in the research process. This is just from another, again from the AIDS movement, this is another citation. And this citation suggests that, the analysis of the particular article focuses on U.S. AIDS treatment activist movement, which from 1987 to the present, and I'll figure out the date in just a moment, has:

. . . gradually acquired scientific credibility and become an insider within the biomedical research enterprise. By tracking the evolution of the movement, ways are suggested in which the expertification of activism may accentuate interorganizational disputes over frames and tactics, intensify some differences among the participants, and inspire the elaboration of transformation of activist identities," and so on.

Generally what that's suggesting is that there is a basis for people that have health problems to be continually involved as we are tonight, and as we should continue to be involved, speaking on our own behalf. We know what's going on with us. When I take a neuropsychological test, I know that it's getting close to measuring the cognitive problems that I'm experiencing. But it doesn't quite measure them. Yet, nobody is talking to me or with other folks that have been blessed with being somewhat articulate. We can actually describe what is going on with us in reality. And it's very important that we consider that.

There are a number of other aspects for research that are not currently being considered that do need to be. Depleted uranium is another. And I'm going through this large book which many of you should have from this conference. And it lists all the different research that's been going on from the VA, the DoD, and so on. There are a number of areas that are missing. One is on depleted uranium. It doesn't focus whatsoever on inhaled or ingested depleted uranium. That needs to be addressed at this conference. Another I find very interesting, it's unfortunate, Gulf War veterans have been complaining for quite some time about gastrointestinal problems. There are a couple of wonderful sounding studies in here. When I look back at the funding, zero dollars from 1984 to the present. That makes no sense to me. There are some more on upper respiratory problems. This one is a VA study and I have it here somewhere. Again, the same sort of thing. It says it's ongoing, yet for funding, there's no funding. We discussed this morning about upper respiratory problems and those sorts of things. We need treatment trials, and we need treatment trials for something besides what we're using currently. And I see my time is up, so I'll wrap it up. We need treatment trials for the symptoms that Gulf War veterans are experiencing today,

something, exactly what was going on with the AIDS movement. Folks are getting angrier and angrier, and it's very important that we do that. There's a lot we can accomplish right here in the next two days. Thank you.

Joe Poe
President and Founder
United Veterans of America
Dunn, North Carolina

I'm going to wake you up a little bit, particularly you sir on the end because you have lost us about 45 minutes ago. Okay? It's cool, I've lost myself a couple of times. First of all, I would say, I am not going to stand here and tell you what kind of position that I hold. People who know me do know that. I will tell you I am a member of Veterans of Foreign Wars and American Legion.

What I will tell you right now is that I've only heard maybe 3 people so far today with fire in their gut and fact in their mind. One was on this panel. And I thank you sir, Congressman Sanders, because you did that. For the rest, I will tell you I am no Colonel, no doctor. You are smart, brilliant people. There are very many brilliant people here today. I don't want to see anymore mice running off to the treadmill. I don't need any mice swimming in water to try to determine what it was like for a grunt with a 90 pound rock to hump 11 clicks. That is not going to cut it. And another thing, research? You do not need more research. You've already got it. Use it! That is what I would say. Use it.

We're not an industry. We are Americans. I hear, "I'm a World War II veteran" or "I'm a World War I vet" or "I am a Korean War veteran" or "I am a Gulf War vet." I am going to tell you right now, I am an American, and I am a veteran who happened to serve in the Gulf War. And I come home for you. This woman who is standing behind me, thank God she doesn't look much better than me, is my wife. These people who stand up here tonight, these soldiers, these warriors, they are not sick, they are not ill, they are not syndromes, they are wounded, period. Some were not wounded but received indirect wounds. I came home with an explosive round in me, and it went off into my wife. I did not swear an oath to the President of the United States for that. I never swore an oath to anybody in this room for that. No more research.

Thank you sir, I'm glad you got your hand off of your cheek. Thank you. That was very good. I like that. Now, I'm going to do a couple of more minutes, and then I'm going to shut up and go. These officers back here in uniform, some of them are spread out around you who are not in uniform, but they're there I guarantee you. We know some of them. They are not DoD. They are not DoD. They are the ones put on the carpet for major corporate industries. Every researcher is brilliant. Okay, that's cool, now you're doing the thumb thing, sir. I see that. The psychs asked me to do that, too. So you will pass through the VA very well. I've got funny

vision, I can see your thumb. I'm going to leave very soon, my wife is tapping me on the back. I can stay until she starts pinching, then I'm in trouble.

The research has been done. We have the best military in the world, period. I did my 20 years. I will tell you right now, I would stay until 30 if my mind was not starting to not remember things. Jump masters, how many are here? As jump master I could stand up and be responsible for 164 fully combat loaded paratroopers. But I could not remember things. For 20 years I did it with no problem. I may have taught some of your sons and daughters as a Drill Sergeant. I may have taught them very close hand-to-hand combat and bayonet without them being injured and going home to you. I have helped your sons and daughters, but my 4 children have elevated ANA. Why? That's as personal as they get. You think on that. I'll leave on that. And try to stay awake, sir, it will help you.

Audience Member

You all work for him too. You all work for him and my husband, who I just got a call from his infectious disease doctor telling me that I need to go now.

Mr. Michael Sage, Moderator

He brings fire to it, that's for sure.

***Michael Woods
Unified Veterans of Florida
St. Cloud, Florida***

I never should have signed that list behind Joe Poe. He's always hard to follow. I work with several organizations. For the Last Patrol, I'm their head maggot. And for Rolling Thunder, I'm their Gulf War Veterans Affairs Officer, I'm a Commander, Unified Veterans of Florida. We've all heard a whole lot this weekend so far about more research, more research, and more research. I think we've got enough research out there. We all know what's going on. We've heard that, "We need to try this kind of theory, we need to try this kind of theory, and we need to try this kind of theory." The Department of Veterans Affairs right now has 1,500 Gulf War veterans who are rated with undiagnosed illnesses. We need to take those 1,500 Gulf War veterans and put them through all of these trials in one setting. We've taken this up with Dr. Kilpatrick before. We've taken this up with VA's Fran Murphy before. If we're going to find an answer to what is going on, in a real treatment trial for everybody, why not take these 1,500 undiagnosed veterans and put them through every treatment program there is, every trial program, every test procedure that has already been developed. We don't need more research. We don't need more trials. We don't need to figure out another thing to test for. We need to start testing for what we have developed already.

*CDR Dave Seipel, MA
Naval War College
Newport, Rhode Island*

Good evening Congressman Sanders, distinguished panel, researchers, and fellow vets. I'm active duty, Navy, stationed at Naval War College out of Rhode Island. I'm a post-war vet. I didn't fight with you all. I got there in September of '91 for a Mishap Board, and I'm sick. What's going on? I went out there for a mishap investigation, stayed for a month, pulled an aircraft out of the water. Then I went back as the OIC because Admiral Taylor liked the way I did the brief and said come back. And in December of '91 I did, and I stayed until April of '92. I recently got sick with diarrhea. That's how it started. Something really innocuous, really easy to solve it. They either gave you a little white Cipro pill said, "Take this, it will fix it." I really didn't have to take a sample. Or, you learned to drink Imodium AD. It helped you a whole lot. It probably turned out to be a bad thing for me.

I managed to survive in a squadron. In '93, after 16 years, got told, "Hey, you have to get out of the cockpit for a change." I went to D.C. While I was there, the first thing I did was say, don't have to worry about flight surgeon, "Hey guys, I'm sick I have some problems, what can we do?" Two years later, I found out I didn't have anymore flight pay because I couldn't pass the flight physical and I had an infectious disease doctor who was following me out at Bethesda say, "Dave, I don't know what's wrong with you, but if you go sign up for CCEP, get on the registry, they can give you some testing that I can't. I don't think you have Gulf War syndrome." I didn't believe I had it. But it was free testing and might solve some of my problems. I went through CCEP Phase II in September of '96 and they told me I had FMS, fibromyalgia syndrome. I had secondary complaints of migraine headaches, irritable bowel syndrome, that's what started it for me, anxiety disorder with depressed mood, cervical DJD mild, idiopathic hypersomnolence, borderline narcolepsy, and they didn't list TMJ because they didn't have enough spots on the paper.

Right now, I'm awaiting a PEB determination of my 16 July 98 Medical Evaluation Board. My Command, who is supporting me fully, has had me on administrative leave since September of '98. At that point, they put me on methadone. I can't drive. I can't do anything. I function 5 to 6 hours a day. Right now, the MEV's got a few things on me. I have fibromyalgia syndrome, myofascial pain syndrome, idiopathic hypersomnolence, but now they think it's narcolepsy because I'm having some of the episodes where you just fall on the floor. That gets scary at times. I've got severe DJD of the cervical lumbar spine, we're solving that. They go in and, I guess, on each side of your vertebrae, they use radio frequency and they cauterize the nerve so I can't feel the pain. I get the bottom side lumbar done again at the end of next month. The last time I had it was in September. Last week they did the neck. So I don't have to feel neck pain. That's only a short-term fix. They can't do anything. If you fuse it, all you do is continue the damage. I used to fly helicopters and I don't do medical stuff, so please bear with me. I have recurrent migraine

headaches, irritable bowel syndrome, gastroesophageal reflux disorder, urinary retention due to meds, however, last week I was told that I have a neurogenic bladder. But it really doesn't matter, I've been cathing since March of '97. I've been full-time cathing since September of last year. So, there's things you have to get used to. I've had 15 cases of recurrent herpes zoster, shingles since March of '96, I've got bilateral carpal tunnel now, hypothyroidism, and esophageal candidiasis.

December of last year, January of this year, the Medical Evaluation Board said, "Hey, we need to get some testing done." So I had a psychiatric, neuropsychological, and psychological set of tests and I have undifferentiated somatoform disorder, 300.81. So, apparently, from what I read, I'm not a hypochondriac, which I'm glad, but I do have a few problems.

My doctor's got me set up to Tri-Care to see a Dr. Oaks at Walter Reed Army Medical Center, Immunology, next month, and what's he's written down is that my "symptom complex is consistent with those outlines in Dr. Haley's *JAMA* paper on neurologic syndrome in Gulf War vets. I've gone through Dr. Clauw's evaluation on fibromyalgia, CFS, Gulf War syndrome, and I see him about every 3 months. Apparently, I'm one of his sick FMS folks. If there are any researchers out there who want to talk to me, I'll give you anything you want from my medical records. I've got full copies. I'll make a copy and send it to you. I'll sit down and talk to you. I'd like to get healthy.

I've got a 9-year old son, the youngest of 2. He does not remember me ever being healthy. A couple of weeks ago he asked me when I was going to learn how to roller blade. I taught him how to do that my last tour in D.C. But he can't remember that. Dad's always been sick. My wife submitted a 5-page letter to the PEB outlining personal comments and daily observations, and up until the time she wrote this, I thought I was doing pretty good. It's amazing when you sit down and you see it from the wife's point of view. I'll just summarize one section here:

To summarize, his work life and our family life has been changed dramatically since he returned from a second deployment to the Persian Gulf in '92. It's caused many changes and created hardships which we'll have to come to deal with. We don't know what, or if, anything about the Persian Gulf deployments that caused his problems. We prefer that there not be any relation to Gulf service because whenever anyone hears those words, they immediately appear to become suspect of his problems. What we know is that he was very healthy and capable for entering the military, especially days prior to deployment.

Two weeks prior to my first deployment, I had just had a flight physical. I was a real happy, healthy person. One of the things that I have found as I'm going through the PEB process, and then I'll jump off the line, is that 20 February 98, the Naval Council Personnel Board's letter states that there is no such thing as undiagnosed symptom complex contributed to service in the Southwest Asia Theater of Ops. First of all, I've got about 17 items. And if I sit down and

break, like the gastro reflux, down, I have 4 additional ones. I'm starting to slur because I work for a while and then my brain stops working.

I just want to get healed. I've heard a lot of people around here pointing fingers at each other. We don't need to do that. I mean, what has happened in the past has happened in the past. The other thing I've heard today is that there's been a lot of researchers, and there's a lot of ground swelling of VA regional centers coming forward saying, "Hey, we're noticing problems." CCEP, I've not gotten along with them well in the past, but they have helped at times, too. So, why don't we just kissy kissy or whatever the word is, current word, and let's get the job done and get us all healthy. Thank you very much.

Mike Ange
Commander
Unified Veterans of America
Dunn, North Carolina

I serve as the National Commander to an agency known as Unified Veterans of America. I'm also a Gulf War vet. When I came to this thing, I had some ideas of what I wanted to say, and I kind of changed those through the course of the day. But I can say that after attending the treatment seminar, I went to the lobby and did some finger painting and listened to music, and I feel much better now. I've heard a lot about a new agency, a new era. I've heard a lot of frustration from veterans today. I've heard a lot of frustration from veterans since 1990 when we first got involved with what was going on. I've heard a lot of frustration also from some of the panel members today with some of the anger they're seeing from veterans. Let me explain a little bit about where we're coming from, and I think that will open some of your eyes.

In 1993, we entered a new era. There were the first congressional hearings on Gulf War syndrome. In 1994, we had the Gulf War Registry Act. That was a new era where we were going to get something accomplished. In 1995, '96, and '97, we had various laws passed, none of which have done anything for us. We continue to hear how we need new legislation for this, that, or the other. But yet, when I pick up Title 38 and I read it, I see the things that we need are already there. They're just not being used. So, we're coming now into a new era, with a new hope – a new hope for the veterans that have served, for their families that are having problems, and for the future. A lot of us don't realize that this has a lot to do with the future. Armed forces recruiting is down across the country. If you think this doesn't have an impact, come to my hometown 15 minutes from Fort Bragg. Walk on post and talk to the soldiers who are getting out tomorrow. It's an alarming trend and it's been set by our own actions.

There's also an alarming trend that I'm seeing here. I'm seeing these panels, these treatment panels, fall back on the same tired old information. I'm seeing the individuals from DoD sitting on the panels. I'm seeing the individuals from VA sitting on the panels. These people are

demonstrable, documentable, liars.

Audience Member

War criminals, and we paid you to be it.

Mr. Mike Ange

Our nation has a history of accomplishments. Very few of those accomplishments have ever been done by bureaucracies. They've always been done by individuals. We also have a very long and distinguished history of accomplishments, that is, lack of accomplishments, of people hiding behind bureaucracies to keep from getting their job done. And we've seen that for the last 8 years. It's time we put a stop to it.

Veterans are not only a part of this issue, we are the issue, and don't let anybody tell you otherwise. We will be a part of the solution. Hopefully that interaction will be by invitation from this panel, or whoever resolves these issues. But, regardless of what it takes, we will be here. We will not go away. We will not shut up until the story's been told, until treatment's been had, and this problem is resolved so it doesn't occur in the future.

A famous general, whose name I can't recall, once stated that everyone in the room, or everyone where ever he was at, I guess, is either part of the problem or part of the solution. And each of us, by our actions, will take a position on one side of that issue – part of the problem or part of the solution. As we stand now on this new era, we can look back and we see which side of that situation the members of DoD have decided to be upon. We can see which side of that issue the members of the VA have been on. The Congressman stated earlier that the VA has finally decided to do the right thing. Sir, that's not actually correct. The Congress of the United States decided to do the right thing. They mandated that the VA do it. And you shouldn't have had to do it, but I applaud you for doing it.

Now, the question we have to answer today, as we stand now on the new era once again, is which side of the problem will you people be on? Will you be part of the solution? Will you be part of the problem? Will you stand with us? Or will you stand against us? And the issue is, for you, to keep in mind that no matter where you come out or what you decide to do, this group of veterans in this room and those across the country, we will hold you accountable and we will not go away. Thank you.

Kyle Bittner
Regional Coordinator
ODSSA
Windsor Locks, Connecticut

Good evening. I am not a politician, I'm not a bureaucrat, I am not politically correct. I'll give you a quick background. I was a Lance Corporal in Beirut and Grenada. I was down in Panama when the Marines were "shooting at palm trees" which I can tell you I lost 3 good friends to. I was over in the Persian Gulf, and I was also in Somalia. I have my place in Arlington. I am dying of spinal cancer. And, young lady, you asked for research, Onyx 15, get it approved. FDA hasn't approved it yet. It's already saved numerous lives. But we're test cases.

I guess I'm standing here and I have nothing prepared really to tell you except what I feel inside. I'm listening to many things going on, and for the researchers here, I hope you don't get a bad feeling. I heard a panel head, if I will, through second hand as he was walking down the hall after talking to us about treatment, and I sat and listened for as long as I could until I just finally said, "It's not in my head folks." I heard a panel head say, "I don't know what they're so angry about anyway. We're giving them compensation." Nobody's giving me anything. I have zero. Nothing medically. I got out of the Marine Corps because I could no longer do a 300 PFT. And that was my standard as a scout sniper. I was a scout sniper in the Marine Corps. When you all heard that the ground war started, I was 5 days into Iraq already. I hate to hurt anybody's feelings, but I had seen all these tests and everything going on before you guys got to them with your chemicals. And by the way, sir, glad to see you back, but DU is still a bad thing. And whether I walked into a tank, which I'd been into many of them to get out their KY gear and to figure out what radio call signs and freqs were running out through their vehicles so I could save my brothers' lives, I was in DU, and that is not good.

I'm standing here, I have two boys that I finally got to see again after 4 years because I've been in and out of hospitals. Oh, any VA members here? Anybody from the VA? Thank you. That's about the only thing I got from anybody in the VA was this cute little card with my picture on it. All right? It's PTSD. Amazingly enough, Dana Farber Cancer Institute in Boston, probably the foremost cancer research institute in the world says I've got a problem with my spine. This card I keep around just to look at. It's fun, it's cute. It's got an American flag on it, so I like that. Other than that, it's worth nothing.

People are out there wondering why vets are ticked off. I'll tell you why vets are ticked off. I get up and go to work every morning no matter what because I still have to take care of my life. I still have bills to pay. I still have things I have to do. I will not sit in this world and cry, "Oh, boo hoo, oh woe is me." That is not the way the world is. My daddy didn't bring me up that way, and God rest his soul, another vet who went to Vietnam 3 times, died early. I've got my spot in Arlington. I've got that already down pat. I have my awards for that. I don't have to wait for someone to bring me in. Anybody here who has a security clearance who'd like to chat with me, I was a scout sniper. I was an Intel gatherer. All this DU they said wasn't there, I'll just leave it at that. All these things they say didn't happen, I'll leave that at that also. If you want to talk to me later on in a secure area and you can produce me some security clearance, I can chat with you.

But it better be TS because I have a Top Secret. I can carry concealed around the President because that's how I started out in the Marine Corps. Yankee White for any Marines that are around.

This isn't a funny game. People are dying. I don't talk for myself anymore. There's no need to do that. I don't talk for people like Mike Donnelly, and if anybody hasn't read *Falcon's Cry*, you'll see me in that, too, because that's where I met him. And I can still talk to him to this day because he's a warrior. You all can't talk to him. I'm sorry. It's nothing against any of you all, but he can only grunt now. I can understand him because we have the same heart. Randy Aber who is down in North Carolina, who was a Marine engineer, who is dying of something unbelievable. Same ball game. Our time is done.

But researchers, quit the finger pointing. Daddy used to always tell me, "Don't ever point a finger at somebody. You point a finger at somebody, you got 4 coming back at you." If you want to blame somebody, blame yourself for sitting and dying. We've got to take care of each other. It would be really nice if we could quit yelling at each other. DoD, VA, oh no, I don't want to get in trouble. This is not Agent Orange. Let's not let 50 or 60 percent of them die so we don't have to pay out as much money before we figure out what we have to do. How about we take care of us now? You can come by and spit on my grave if you want. I really could care less. Because when I'm down there, I ain't doing nothing but feeding the worms anyway. But, for God's sake, there are kids a lot younger than I am. Let's quit all the arguing, please.

Researchers, I'll answer any question I darn well can to you. And what I can't, I'll get you somebody who can. Let's quit the arguing. Thank you.

Jim Phelps
Oak Ridge, Tennessee

I dropped down here from Oak Ridge, Tennessee, the source of the depleted uranium that most of these people have been exposed to. And, I'm very disturbed at what I'm seeing with the CDC and the Pentagon. What I see is fraud and abuse. You promised no stone left unturned. Where is the depleted uranium on this panel? You know, it's real obvious when you study things around Oak Ridge that depleted uranium has some health effects beyond just cancers. As a matter of fact it has health effects that look just like Gulf War syndrome as evidenced in many of the workers that work at those plants. The CDC has been ignoring that for some time. It's been going on for 50 years. It's very bad now. It's becoming a public issue.

Now, it's also very damaging to the CDC's ability to understand things whenever they don't look at carcinogenic dust that people breathe that have a 500-day biological half life in the lung that go on from the lung to be half excreted through the kidneys and half deposited into the bone marrow, where in the bone marrow it stays for 5000 days, like 15 years. It is impossible for me to

understand why you don't connect that most of the immune cells, the B-cells, the T-cells, the white cells are formed in the bone marrow and that when you have these carcinogenic materials which damage DNA, it can do light damage or it can do cancer prone damage. If you get up into the highly enriched uranium, the vector looks more like cancers. If you get down into the natural and depleted uraniums, it looks more like heavy metal dysfunctions or the immune dysfunctions. And how you can possibly leave depleted uranium off as a discussion to help these people, and how the private researchers can identify this and the CDC and the Pentagon and the government officials can't, is beyond my imagination. It can only be fraud and abuse against the people.

Now, you also have some systemic errors in some of your diagnostics in the Pentagon. First off, when you breathe depleted uranium dust into your lung, you do not always set off a kidney response because it evolves from the lungs very slowly. You cannot set off the kidney response, and you can have tremendous deposits develop in your bone marrow. To not recognize that is not good. I don't understand what kind of research you all think you're doing. It looks more like a feeding frenzy for research. But when you leave out obvious things, it's not good. It looks like fraud to me. And I want to know why you are defrauding me when you've told the public and all my friends here, and I've been watching the Gulf War syndrome issues for some time, why you're not doing that. Can you give me a reason why you're not doing that and why you don't have some credible folks down here like Durakovic and all the other people that know the depleted uranium issues?

Mr. Michael Sage, Moderator

I can't give you the reason. In talking to the organizers, I'm told that depleted uranium, vaccines, when they were planning and the title was *Chemicals*, they meant a wide variety of chemicals which they thought included pesticides, depleted uranium, there could be discussions of vaccines. So, they see that as a topic of discussion for this research planning process. And that's the answer to it. In the next day and a half, if they need to be on the agenda, topics that need to be discussed and worked through to come to what are the priorities and issues associated with research, then so be it, it should be there.

Mr. Jim Phelps

Okay. Let me add one more thing. What the work force in Oak Ridge, they're experiencing heavy metal difficulties similar to the Gulf War syndrome, exact same thing. As a matter of fact, when I show these symptoms that they have in the Gulf War syndrome area, they go, "This is exactly what we have." Now, how it is that the CDC can turn a blind eye to that situation which correlates to this one, I don't understand also. Can you tell me how it is that with all these people up there also complaining to the same degree that these folks are that you're missing that also which would show that there is a correlational effect between uranium exposure to dust that's been going on there for some time? And it's not consistent. It's not just limited to Oak Ridge.

It's all the uranium facilities that have these very similar problems.

Mr. Michael Sage, Moderator

I don't know of any CDC work going on anywhere within the nuclear weapons complex or DoD on depleted uranium. That's true.

Mr. Jim Phelps

So, can we change that?

Mr. Michael Sage, Moderator

I would hope so. If it needs to be on the agenda because it's public health work that's necessary to get done, then it should be on the agenda.

Mr. Jim Phelps

Do you not find it embarrassing that the private researchers have turned up all this information and you all have done nothing so far?

Mr. Michael Sage, Moderator

I can't say that I find it embarrassing because I'm not familiar enough with the topic of depleted uranium to be able to respond to you.

Mr. Jim Phelps

The Military Toxics Project did a test, with their own private money, and found out that people are still showing DU after this length of time, which is what you'd expect with a very long retention time of carcinogenic metal in the body. And it can still have health effects, plus it's still there, it's still detectable, and you're not doing something with it.

Mr. Michael Sage, Moderator

The depleted uranium issue, it's obvious that sitting here today, that it's a topic of high priority to the people sitting in the room. It comes up over and over and over again. So, how it could be ignored from now on, I'd find it hard to imagine coming out of this conference.

Mr. Jim Phelps

Good. I hope that improves in the future. Thanks.

***Albert Spears
Commander
16th District, Veterans of Foreign Wars
Marietta, Georgia***

I was asked to come down here. I am both a Vietnam veteran and a Desert Storm veteran. Desert Shield and Desert Storm, having arrived in mid August of 1990. First, I have an observation that my father died of a cancer that was not allowed to be, if you will, a cancer that resulted from Agent Orange, until about two and half years after he'd died in 1984. I remember when I was assigned, several years ago, out at the United States Army Personnel and Administration Center in St. Louis, we received regularly a letter from the Commander of the Jewish War Veterans, a man from some place in New Jersey as I recall, and he was complaining because 23 people in a unit in which he served in Los Alamos, Nevada were suffering the same type of cancer, and they were being sent a letter each month that he wrote "that there is no proof that exposure to atomic weapons causes cancer of this particular kind." I don't honestly remember what kind it was.

What I'm asking you to do, I ask you as a veteran, I ask you as a taxpayer, and I ask you as an officer of the Veterans of Foreign Wars, I ask you to stop fooling around with the finger painting. I don't even care about, well, you haven't heard the rest of it. I don't care about all the lies and all this stuff. Everybody here who is sick should be treated, period. And I'm telling you, Mr. Congressman, where ever the Congressman is, I'm telling the Congressman, Mr. Sanders there you are, I'm telling you that the Veterans of Foreign Wars in this upcoming year is going to declare war on Congress if we do not get the VA and all these health care agencies in line. It's got to happen, it's going to happen. I'm going to tell you that we're tired of it and nobody is going to take it. I want to go off while the light's still green, so thank you.

Congressman Bernard Sanders

Let me just briefly respond in saying that I hope you do declare war. I hope you do know how your members are voting on veterans' issues, and in fact, what we all know is that the only way this thing is going to change is when you have an aroused citizenry that demands their rights. Now what goes on in Congress, and I'm giving you my own political perspective, is you have big money folks who call the tune. I think when ordinary folks begin to stand together and demand justice, you have change. The truth of the matter is, in my personal opinion, is the service organizations have not been as strong as they should be.

Mr. Albert Spears

We agree with you on that.

Congressman Bernard Sanders

We do not get enough letters from the veterans. We get letters on everything in the world, but we do not get enough letters from the veterans. So, I would suggest you start that mobilization, you write to your member of Congress whoever that may be, you watch how he or she votes, and you get involved. That's how we're going to change the situation.

Mr. Albert Spears

The reason that I am asked to be here tonight to represent the Veterans of Foreign Wars is because the State Commander, the Senior Vice Commander, the Junior Vice Commander, and the Adjutant Quarter Master are in Washington for the Legislative Conference and they're meeting with members of Congress these next three days.

Congressman Bernard Sanders

And are they going to be, is part of their legislative agenda Gulf War Illness?

Mr. Albert Spears

Yes sir. Because I will tell you that the incoming Senior Vice Commander and Chief from New Hampshire, I remember somebody here saying they were from New Hampshire, John Smart, has absolutely said that next year when he is the Commander and Chief, he is going to absolutely declare war on these organizations and Congress who are not giving the veterans what they're supposed to have. And we're behind him on that and we're going to do it.

Congressman Bernard Sanders

All of you should know, I mean, I really want to concur with what the gentleman said, that in the last couple of years, the United States Congress has decided to give tax breaks to billionaires, but some how or other we don't have enough money to adequately fund veterans programs. Now, you can change that. But you've got to watch what's going on and stand up, and be involved, and fight.

Mr. Albert Spears

Let me just say one thing to that Congressman. It's the same person in the Department of the Army who was Secretary of the Army and said, "Don't give them the information," is now the head of VA who says, "Oh, we've got plenty of money to do everything." And by everybody's

estimates, even by the Congressional Budget Office, says that the current budget is \$3.6 billion dollars short.

Congressman Bernard Sanders

That's exactly right. The point, I mean, I don't want to get off on this thing, people in Vermont hear it enough and I see a Vermonter coming up, she's familiar with my line. There is enough money, of course. It's a question of priorities. You've got to make a choice. Do you give tax breaks to billionaires or you take care of the veterans? Well, of course, that's an easy choice – you've give tax breaks to the billionaires. Right? And you will continue to give tax breaks to billionaires unless you get involved in your organization, get involved and you hold the members of Congress accountable.

Fabian Moodie

Director

New England Persian Gulf War Vets, Inc.
Craftsbury, Vermont

I served with U.S. Army Special Forces. I am the Director of the New England Persian Gulf Veterans of Vermont. I'd like to thank you, especially Congressman Sanders at this time. I have not much to say. Very briefly, I signed a contract in 1982 when I joined the service. In that contract, one of the things that my recruiter really pushed me, "You will always be taken care of medically." Maybe my wife wasn't issued, as they say. She got a lot sicker than I did. But the Department of Defense promised me that they would take care of me no matter what. And I am tasking them right now to do that. Stop talking and let's dance.

Debra Moodie, AND

Secretary

New England Persian Gulf Veterans, Inc.
Craftsbury, Vermont

I'm from Vermont. We have Congressman Sanders. We're very lucky. We also have Don Edwards, General Edwards, that we're very lucky to have. A couple of things I'd like to say. I sat in on a meeting, the assessment meeting, and I happened to sit next to a VA PC. I won't mention names or anything. But, I notice that there is a real mindset that this person already had a negative feeling towards Persian Gulf veterans and illness. I sat there and said, "You know, you're judging before you even hear the facts or look into it." First of all, I think we need to deal with that mindset. I couldn't believe she was sitting there. I wanted to say, "Why are you here if that's how you feel?"

Another thing, as a registered nurse, since my husband's been going to the VA, I notice a real

unprofessionalism as far as medical treatment. Being a registered nurse and working in a hospital myself, we had a professionalism and a standard of care that we upheld. If we didn't uphold that, we would lose our license. And I see that the standard of care is just not there for the veterans. And I don't like to be a whistle blower or point my fingers because I know you've heard a lot of that. But as a registered nurse, I really feel like we have a duty to stand up and say the care that our veterans are getting, it's just not there. I don't know what to do about it. You know, I've talked to a couple of registered nurses that are here and we kind of feel like we could get together and give you better care. First of all, I think maybe we need to just look at the VA hospitals in general. Maybe they need more funding. They need something. They need to raise their level of care for the patients. Thank you.

Alan Radomsky
ODSSA
Dallas, Texas

I'm a Gulf War veteran. I'm retired from the Guard or the reserves. I bring up the fact that I have gone to DoD to try to get some preferred medical or priority medical. I was told by the doctor that, they don't have the facilities or anything to treat us at all. So why bother? And the VA is basically the same way. So, you can see what we're faced with. Today was like a farce. I was talking to several other of these so-called doctors who say, "Oh, go paint the wall" or something like that. It's beyond that. We really need help. We really need help soon on it. My wife was on her death bed twice with the same illnesses which I had. Luckily she's here with me now, and we're on some medication. Let me tell you which medication works, Neurontin for nerve pain. I've been on antibiotics for a year and a half SMZTPN, what ever that is, Aricept for memory loss. I used to get periods where, I drive a truck, I work for the post office, where my mind goes blank. I had to look outside the window and see what kind of vehicle I'm driving. Since I'm on this medication, it helps quite a bit. Another medication I am on is Celebrex for joint pain.

All my doctors, I do have HMO insurance, and basically they go, "Gulf War illness? Okay. CDC does not really give a protocol. I don't know why. It's been around for 8 years already. There should be some type of protocol to say, "Hey, this is what you've got to do for these people." Apparently not. It's not going on. My wife would like to say something about what she's been going through.

Barbara Radomsky
ODSSA
Dallas, Texas

What he failed to say is that we both have MS. I have sarcoidosis, biopsied, proven sarcoidosis, possibly neurosarcoidosis, hypothyroid, hyperthyroid, diabetes, memory loss, degenerative joint

disease, degenerative stenosis disease. Out of the last 9 months, I've been in the hospital at least 7 of those. I've had, if you remember Joe Poe, I looked like him, had the same symptoms as him just a few short weeks ago. In the wheelchair, could not talk. I'd lost a hundred pounds. The difference between me and Joe Poe is I have private doctors. I've been on prednisone for the last 9 months. Joe Poe has never been on, or was on prednisone for 2 years ago for his sinuses for 1 week. That's the VA. I think prednisone is bringing back my neurological functions. I've went blind in my left eye 2 weeks ago. That's because they tried to reduce the prednisone by 5 milligrams every other day. So, right now I'm blind in the left eye. I hope the right eye stays. But both optic nerves are inflamed and this one has developed a hemorrhage.

So, I'm here to talk on family issues. I have no credibility with my private doctors because whatever is written about Gulf War illness is the veterans. We needed the veterans and possibly some family members. It's very important because I am, in one of my reports, in the beginning, back on Memorial Day, I was, and in my medical records, the doctor, when I first met him, he said that, "She has secondary gain to being ill." Believe me. I do not want to be ill. I am fighting to live. I'm not dying. I'm fighting to live. My husband stuck me on the doxycycline. Three or four weeks ago, I was on my death bed. The first day I got out of bed for 5 minutes. The second day I got out of bed for 15 minutes. The third day I got out of bed and even cleaned the kitchen. So, doxy does have an effect. I don't know what. I don't think it's the only answer. I think antivirals or something has to do with it. But it does slow it down. And that's all I have to say. Thank you. I do hope you help us.

David Root, MD
Medical Director
Occupational Medical Group
Sacramento, California

Congressman Sanders and distinguished panel, I'm a retired Air Force Colonel, Chief Flight Surgeon, fighter pilot. I am the Medical Director for the detox program which treated Colonel Wolfertz in my clinic in Sacramento. I retired in 1980, so I was not involved in the Gulf War, but I have been treating patients in my clinic in Sacramento in my clinic since 1981 with all types of chemical exposures. And I was struck by the similarity between what I was reading about was the Gulf War syndrome and the patients that I'd been treating with what's called multiple chemical sensitivity syndrome. Because of that similarity, I was able to get Colonel Wolfertz and 2 other Gulf War vets through the treatment program, and I am very pleased to say that all three of them did extremely well. We're now 1 or 2 years post treatment for all 3 of them, and they're all continuing to do extremely well. So, I hope to offer a glimmer of hope to some of you in this room. Not all of you. Certainly this treatment program will not cure cancer, it probably won't help MS, although I can't be certain about that. I think it has a very good change of helping those who have been exposed to DU.

If one hypothesizes that lipid soluble chemicals store in the fat, obviously, the brain is encased in fat, the myelin sheathing of the nerves and the brain is fat. Every time that individual exercises, fasts, or stresses in some fashion whether it be emotional stress or physical stress, those toxic chemicals are released into the blood stream, and go around the body, and cause a resurgence of those symptoms that he or she had to begin with. We see it in drug abusers, for which we use this treatment program, and we see it in those who have MCS and other types of chemical exposures. The treatment program is designed to mobilize those chemicals out of the fat stores at a low enough level that the excretion can take place at the same rate so that the symptoms don't get much, if any, worse. And over a period of time those toxic chemicals are released from the body through the skin with the fat soluble sweat, and we've proven this with cigarette paper, so-called biopsies, sweat biopsies. We've proven that some of the heavy metals come out through the skin and through the GI tract with this treatment program. We've looked at lead, cadmium, and mercury. I think there's a very good chance that we can reduce the body burden of the depleted uranium as well.

So, I want to end this program, maybe there's one or two others, but we're getting close to the end, and I want to thank all of you, the panel, including all of the people in this room for hanging in there this long to hear these stories of these really, really patriotic Americans who have been through hell. And I just want to applaud all of you.

Karl Lane
Chemical Injury Information Network
Blue Ridge, Georgia

I just want to tell you a little bit about my experience in Saudi Arabia. I was over there as a civilian. A lot of people don't know there's over 4,000 civilians over there. Myself, I was a customer support representative with the Marine Corps stationed out of Al Jubayl and Tanager. The first gentleman who got up and talked about the explosion on the 19th, I was there. I didn't hear it. I was sleeping on my good ear, and so I didn't hear it. The guys told me about it the next morning. We were less than a third of a mile from Camp 13. I was staying at the Holiday Inn in Jubayl.

I just bring up a few things. In my search to try to find other civilians that were sick and everything, I found 43 Gulf War veterans, and by the way, we're not considered veterans, we were civilians, at Corpus Christi. Out of those 43, 2 have died and 12 are sick. You know, the guys need help. I myself have been fortunate. I went to Dr. Rea at the Environmental Health Clinic, and we eventually ran out of money, but I was getting better. I'm not covered with any insurance. I don't know if a lot of you guys know that, but there's war exclusion policies in all of your health plans. I was terminated from Bell Helicopter because I asked to be involved in the CCEP program in 1995. Senator Graham got me involved 2 years ago, a year and a half ago, excuse me. And I started out at Shepherd Air Force Base, and they were doing a pretty good job.

Me, like a dumb fool, asked them to please move me closer. So, they transferred me to Dallas/Fort Worth, or to the Dallas VA Clinic, and that's where it stopped. You know, I called up Rostker's office and talked to his people, and they say, "Well, call this guy." And I call that guy and he says, "We don't even have any records for you at VA."

But maybe I should consider myself lucky because we had the means to get civilian medical help. And there's good people there. And I think I'd want to close and state that there's a lot of good medical facilities around, and we ought to use those local places like the gentleman before me in California. There's good doctors in the Dallas/Fort Worth area, you know. And you ought to use some localized treatment. Thank you very much.

David Carter

Chairman, OK Agent Orange Foundation

Board of Directors, Admiral Zumwalt's Agent Orange Coordinating Council

Member, Desert Storm Justice Foundation

Lexington, Oklahoma

We've heard a little bit tonight about a new law passed and frequently the Congress is kind enough to pass a law that will help American veterans. We've also heard that the VA doesn't use Title 38. So, I'd like to ask the Congressman, and thank him for his work, if you pass a new law to help a veteran, so what? What good does that do a veteran? In 1933, language was written that states that the decisions of the Administrator of Veterans Affairs are final in all questions of law to be reviewed by no court. So, with budgetary consideration appearing to be one of the foremost concerns, if the VA refuses to obey the law, what recourse does a veteran have? He has none.

There was a lawsuit in 1935 that took that language which allows all decisions to be above the law, which is now Title 38, Section 511(a), and the lawsuit said that that language was unconstitutional. But in 1940, it appeared in a Veterans Benefit Act, not to be challenged again until the early 80s. The First Amendment specifically states that American citizens have the right to redress of grievances to the government. One third of the government is the judiciary. And every veteran in this room who offered his life to protect our Constitution and Bill of Rights, in matters regarding the VA, cannot access the First Amendment. The Seventh Amendment says that all suits of common law worth more than twenty dollars will be heard by a jury. The VA appeal system, not only just their actions, but their appeal system, has no jury anywhere in it. There's a smoke and mirrors court called COVA which is an Article 1 appeals court, but there's no judicial court decision for it to hear an appeal on.

I would say that we could probably, without too much trouble, define "citizen" as one who can avail himself of the protections of our Constitution. If we accept that definition, there's not a veteran in this room who qualifies. They have been removed from the rights of citizenship. The

veterans community moved forcefully in 1986 to write legislation to restore this. It had passed the Senate 5 years in a row. When it came to the Veterans Affairs Committee, VA pressure on our service organizations, threat of removal of their free federal office space, caused the Commanders to go against their memberships' national conventions and resolutions, and state in the Veterans' Affairs Committee that they did not want judicial review. So, that's why we ended up with a compromise that we now call COVA.

The veterans that are working for judicial review are not looking for the ability to sue the American government for damages. We don't think anyone should be a millionaire because they served their country. All we're asking is that Section 511(a) from Title 38 be stricken, the rest of Title 38 left in tact so that when the VA refuses to obey a law, we have recourse to force them to obey the law that you have written. And if you look in the Congressional Record, you will find many times that the VA has refused to obey a law, yet is never held in contempt by the U.S. Congress.

To go along with judicial review and rights of citizenship, veterans do not have access to an attorney in the development of their claims against the VA. Now, if I was a child molesting, murdering, rapist, traitor, and was broke, the tax payer would pay an attorney to represent me. As an American veteran who has a complaint about a bureaucratic decision, I am prohibited by law to pay an attorney to help me. Now, we can have an attorney represented at COVA, but at that point, they can present no new evidence, just the work that his Service Officer and he have done. So, I would ask you to help restore our rights of citizenship and our rights to access the Constitution of the United States, and I would ask the veterans here to help with that. Again, we would give up the right to sue for damages because we offered ourselves to protect that document and to serve our nation. But, I think it's only fair to allow us to challenge a bureaucratic decision for just compensation.

As veterans, and I have worked with veterans' issues now since '79, I see this group of people salute the flag more than any other group, and respect the flag, and offer their lives for the flag. And I'm sure you people say the *Pledge of Allegiance*. When you get to the point of justice for all, understand that by law, American veterans have been removed from protections of law. That's our veterans' benefit. I'd like to apologize to the Persian Gulf veterans here because as a Vietnam veteran I feel that we have not fought this issue the way it should have been fought. And if this generation of veterans do not fight this issue, the next generation will become ill. There would not be a Persian Gulf syndrome if the VA and the military knew that it had to obey the laws. As a matter of fact, Persian Gulf specific, in 1991, there was a lawsuit, and at the bottom of the lawsuit it said that military expertise was involved and therefore there would be no judicial review. That's the way the law is and that's where it should have stopped. The judge in the case, however, did make an opinion, which he didn't have to do. I can get it real close. He said, "Legitimate government concerns counterbalance an individual's right to be free from experimental treatment without giving informed consent." I mean, it reads like Germany in 1933.

It truly does.

Mr. Michael Sage, Moderator

Can you wrap up, please.

Mr. David Carter

Just one more thing. If you look at history, mustard gas, DDT, the radiation of World War II, the Agent Orange veteran, now the Persian Gulf veteran, you will see that when we are prohibited, because of no judicial review, from depending on government studies and not being able to submit solid scientifically correct civilian studies, then veterans die. This pattern has been going on since 1917. There's no excuse for it. Absolutely none, other than, imagine what somebody has really done to American veterans if they have to have stood against the Constitution of the United States to get away with it. I'm sure somebody does, but since 1979 working these issues, I have never seen a government scientist admit that poisons poison people. And that's the bottom line – poisons poison people. Some of them won't even admit that there's such a thing as a poison. They're really just chemicals. Thank you.

Mr. Michael Sage, Moderator

We are going to take 3 more people. We've gone about an hour over what we were going to. I applaud the patience and endurance of everyone in the audience, and the fire and the human expression, but I think 3 more and we'll wrap up for this evening. I do want to remind you that there will be other public comment periods during each of the breakout sessions in the next day and a half, so signing up for them for more comment I encourage you to do.

Gary Pitts, JD
Pitts & Associates
Houston, Texas

Congressman Sanders, ladies and gentlemen of the panel, I represent 2,400 plus Gulf War veterans or their family members in litigation against the chemical companies that sold materials and technologies to Saddam. I just merely stood tonight to make sure that each of the 4 sections know about a couple of medical journal articles, a line of research that I have talked to the scientists about. Some knew about it, some did not. I think it's important, potentially very important. There's an enzyme in the blood that metabolizes sarin, the nerve gas sarin, that's been identified by some researchers, Dr. Clement Furlong at the University of Washington, and there are apparently 2 genotypes, or there's one that's 10 times more efficient than the other, and about 10 percent of the population has 2 copies of the inefficient gene, 40 percent have 1 copy of each, and 50 percent have 2 copies of the efficient gene. For example, in the case of Mr. Lane, we had

a trial on his Defense Bayside Case about 4 months ago because his employer, as almost all civilians have been, denied any sort of medical benefits saying it had nothing to do with the Gulf. In the case, we had him checked with Dr. Furlong to see what his genotype was and he, indeed, is most susceptible to exposure, and was exposed through working on helicopters and being in the plume from Khamisiyah, plus whatever other fallout he was exposed to. In any case, I think that's an important line, and there are 2 journals. Dr. Furlong has an article in *Nature Genetics*, Volume 14, November, 1996. And then there is another group of scientists who also write in the *British Journal of Pharmacology*, 1997, Volume 122, pages 265 - 268, in which they do posit that this may explain why some Gulf War veterans are ill and others are not. So, you can have the same population exposed to the same amount of fallout and some are going to be sick because of their genetics and some aren't. Thank you for your time and your work.

Audience Member

When David Carter was up there before talking about the flag that we stand for, we love? Where is our flag in this room, sir? We're here on military issues. Where is our flag? Should it not have been up there tonight, or all day?

***Jim Loyd
Loyd Chiropractic Center
Buffalo, Wyoming***

I am a practicing chiropractor. I was deployed with the 10th Special Forces Group for Operation Provide Comfort. We worked extensively with the Kurds and the Pishmerga in Northern Iraq. We saw quite a few different disorders that we assisted in treating. We ran out of Flagyl treating Giardia lamblia. WHO came out telling us we had a cholera epidemic, but it was not. It was merely Giardia. Upon returning stateside, I admitted myself to the base hospital. I knew I had an ongoing Giardia infection. I told them this. Of course, I gave them a stool sample. They were unable to isolate the cyst. So, I actually had to fix a slide, take it back up there, and show them. It is a difficult organism to find when it is chronic. From talking to some of the Gulf War vets, I have to question why parasitology has not been investigated with a lot of these veterans, and I would ask that somebody do so. In my experience in Special Forces, traveling to and using various VA facilities and base hospitals, I have found that oftentimes they lack the ability to accurately diagnose and treat some of these disorders, and we could best be served through some of the civilian markets for these more exotic possibilities. This should be looked into, and I don't think they have yet.

That's about all I have to say. Everybody else that has spoken before me has said just about everything that needs to be said. I wish there was more of the clinicians here tonight. I appreciate everybody that did stay late. I wish that we could get these messages across to everyone else, and I know we can do this differently and do a better job of it. Thank you for your

time.

*Art Banks
Gulf War Veterans of Georgia
Marietta, Georgia*

I've been told I'm it. So, for those of you who actually have to go to work tomorrow like I do, that's a good thing to know.

There are a couple of issues I want to bring up. One thing I want to ask you to do, please, especially those of you that are doing research, is to put yourself in the mindset, or at least try to keep in mind what it was like in the Gulf. My comrades, my veterans that are here, it was like operating on the moon. That's about the only way I can explain it. The sand had things in it that could hurt you. The air had oil drops in it that could hurt you. The tanks that you went into to clear had things in there that could hurt you. I mean, everything that you went into, there was something that could probably get you.

One of the things I want to bring up to you, I work for the Department of Labor. I run across veterans every day, and quite a few Gulf War veterans. I had mentioned to several of them that I was going to be coming to this conference and may have an opportunity to speak, and one thing they said, almost to the man, was "Find out if it's communicable. Can we give this to our wife and kids." I'm fortunate. So far, I've been pretty healthy. But woe be this country if this thing is communicable to the wife and kids. Because the same tenacity that you saw in wartime will be seen in the ballot booth.

Congressman Sanders, thank you for your work. And like you said, we're out there and it's not just the ones who took the oath that are constituents. We vote, and our families vote. You've seen wives here that are sick. You've seen wives plead because their husbands are sick and vice versa. If there's no action on this, I mean, it took this many years to get this here. You know, let's don't let this go on for another 8 years, 9 years, 10 years. That's crazy. We're not going to be quiet. There's no reason to. The reason that you're seeing a lot of this stuff come out now is because these people are out and the military can't touch them anymore. You know, they can't get me. I'm happy about that. Unless the red horde hits the Florida shores, I'm in good shape. And that's why a lot of these people are coming out, because they can. In 8 more years, it's going to be a groundswell. But I hope it doesn't have to come to that. And a lot of that is lying in your hands, not only in the legislative side, but the medical side as well. You know, most of us don't have a pension that we have to protect, so we can just say whatever we want to say.

But, it really aggravates us when we see people talking about what size of the budgetary pie they can get. Can they get it for medical research, or can they get it for bullets, or can they get it for road improvement? You know, we're not only constituents, but we're the ones that sat there and

put it on the line. So, take care of those of us at home. Thank you.

Mr. Michael Sage, Moderator

Thank you everyone again for your patience, and endurance, and the expressions of humanity that bring context to the work. Thank you, and have a good night and a good meeting.

The session was adjourned.

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